


FILED
May 01, 2006 8:00 am
Secretary of State

20039649

DOCUMENT # L05000114112 1. Entity Name TGA HOMES LLC			
Principal Place of Business 3434 HANCOCK BRIDGE PARKWAY 204 N. FT. MYERS, FL 33903		Mailing Address 3434 HANCOCK BRIDGE PARKWAY 204 N. FT. MYERS, FL 33903	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent ROY, PAULETTE M 3434 HANCOCK BRIDGE PARKWAY 204 N. FT. MYERS, FL 33903		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE: <u>Paulette M Roy</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/21/06</u>			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ROY, PAULETTE M 3434 HANCOCK BRIDGE PARKWAY N. FT. MYERS, FL 34108 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROY, RON G 3434 HANCOCK BRIDGE PARKWAY N. FT. MYERS, FL 33903 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: <u>Paulette M Roy</u> DATE: <u>4/21/06</u> 239-997-9201 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #			

ATTACHMENT

20039169
#L05000114112

Bill Payment Stub

Check Date: 4/20/2006

Check No.: 4014

Check Amount: 50.00

TGA Homes LLC
3434 Hancock Bridge Parkway
Suite 204
North Fort Myers, FL 33903

Paid To: Florida Dept of State
Division of Corporations
PO Box 6478
Tallahassee, FL 32314

DEPARTMENT OF STATE

Date	Type	Reference	Original Amt.	Balance	Discount	Payment
4/20/2006	Bill	L05000114112	50.00	50.00		50.00

11327
32314

800-755-5111
850-245-6051

Check Amount

50.00