

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037607

Entity Name: TFG PROPERTIES, LLC

FILED  
Mar 27, 2008  
Secretary of State

**Current Principal Place of Business:**

301 E. SLIGH AVENUE  
TAMPA, FL 33604

**New Principal Place of Business:**

**Current Mailing Address:**

301 E. SLIGH AVENUE  
TAMPA, FL 33604

**New Mailing Address:**

FEI Number: 83-0454776

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WADE, BRIAN L  
301 E. SLIGH AVE.  
TAMPA, FL 33604 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MEHL TRETTER, MATTHEW K  
Address: 7218 121ST AVE  
City-St-Zip: LARGO, FL 33773

Title: MGRM ( ) Delete  
Name: WADE, BRIAN L  
Address: 520 S. ARMENIA #1229B  
City-St-Zip: TAMPA, FL 33609

Title: MGRM (X) Delete  
Name: CORSO, JOHN C  
Address: 1301 S. HOWARD AVE. #A24  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: CORSO, JOHN C  
Address: 1301 S. HOWARD AVE. #A24  
City-St-Zip: TAMPA, FL 33606

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN L WADE

MGRM

03/27/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date