

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 20, 2007 8:00 am**  
**Secretary of State**

04-20-2007 90029 006 \*\*\*\*50.00

**DOCUMENT # L06000064250**

1. Entity Name  
**TRG INVESTMENTS, LLC**



Principal Place of Business  
**1700 EARL IRLO BRONSON HIGHWAY  
ST. CLOUD, FL 34771**

Mailing Address  
**1700 EARL IRLO BRONSON HIGHWAY  
ST. CLOUD, FL 34771**

200000010



2. Principal Place of Business - No P.O. Box #  
**1700 E. IRLO BRONSON HWY**

3. Mailing Address  
**1700 E. IRLO BRONSON HWY**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-LLC CR2E083 (12/06)

City & State  
**St. Cloud, FL**

City & State  
**St. Cloud, FL**

4. FEI Number  
**20-5201922**

Applied For  
Not Applicable

Zip

Country  
**USA**

Zip

Country  
**USA**

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROBERTSON, CHARLES B  
1700 EARL IRLO BRONSON HIGHWAY  
ST. CLOUD, FL 34771**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **PRESIDENT** ☐ Delete  
NAME **CHARLES B. ROBERTSON**  
STREET ADDRESS **5190 HARKLEY RUNYAN RD.**  
CITY-ST-ZIP **ST. CLOUD, FL 34771**

TITLE ☐ Change ☐ Addition

TITLE **VICE PRESIDENT** ☐ Delete  
NAME **JUDITH A. ROBERTSON**  
STREET ADDRESS **5190 HARKLEY RUNYAN RD**  
CITY-ST-ZIP **ST CLOUD, FL 34771**

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ 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**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/16/07 (407) 892-8537**