## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 12, 2007 8:00 am Secretary of State

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DOCUMENT # L06000122664  1. Entity Name TG INVESTMENTS, LLC					04-12-2007 9	90181 008 ****5	0.00
Principal Place of Business 202 LONGBRANCH COURT WINTER PARK, FL 32792		Mailing Address 202 LONGBRANCH COUF WINTER PARK, FL 3279		6(	0035493		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		!			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04102007	Chg-LLC	CR2E083 (12/06)	
City & State		City & State		4. FEI Numb	8121323	Ap	plied For t Applicable
Zíp	Country	Zip	Country		e of Status Desired	□ \$5.00 Add	litional
	6. Name and Address of Current	Registered Agent		7 Name and	d Address of New Re		•
		Kegistered Agent	Name	r. Name am	d Audress of New Re	igistered Agent	<del> </del>
202 LONG	SON, TATIA R BRANCH COURT		Street Add	Street Address (P.O. Box Number is Not Acceptable)			
WINTER P	'ARK, FL 32792						
			City			FL Zip Cod	9
	named entity submits this statement folions of registered agent.	r the purpose of changing its re	egistered office or re	gistered agent, or bo	oth, in the State of Flor	rida. I am familiar with,	and accept
SIGNATURE .							
	Signature, typed or printed name of registered agent	and the ir applicable. (NOTE:	Registered Agent signature	equired when reinstating)		DATE	
Fi Di	ling Fee is \$50.00 ue by May 1, 2007				Make check payable to Florida Department of State		
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	. MANAGING MEMBE	BS/MANAGERS	10.		ADDITIONS/I	CHANGES	
·	MANAGING MEMBE		10.		ADDITIONS/		☐ Addition
TITLE	MGRM	RS/MANAGERS	TITLE		ADDITIONS/	CHANGES Change	Addition
·			[		ADDITIONS/		Addition
NAME	MGRM HUTCHİNSON, GAVIN G		TITLE NAME		ADDITIONS/		Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	MGRM HUTCHINSON, GAVIN G 202 LONGBRANCH COURT WINTER PARK, FL 32792 MGRM		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		ADDITIONS/		Addition
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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 acciver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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

4/10/07 407-468-4893