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

FILED Sep 27, 2004 8:00 am Secretary of State

724-533-\724 Daytine Phone #

09-21-04

2004 LIMITED LIABILITY GOIY	IPAN I
ANNUAL REPORT	

	AIIIIUAL	ILLIONI				_	Secre	tary (JI)	State
1. Entity Na	JMENT # M03000001 ng hq, llc	820						004 90084 0		
Principal Pla	ce of Business	Mailing Address					41127240			
2255 CRES		2255 CRESCENT DR.				-	4027318			
MT. DORA,		MT. DORA, FL 32757					_			
WIT. DOINN,	16 32/3/	WII. DURA, IL 32131				•		:		
						1 (00)03)) (13) Kalar IIII Ka lii Ka lii Ka lii K		E 11811 81.	
2. Principal	Place of Business	3. Mailing Address								
Suite, Ap	,#, etc.	Suite, Apt. #, etc.			• • • • • • • • • • • • • • • • • • • •	1	<u> </u>			
4424 NO	ange Blossom Trail	425 Marcer Street	Po 1	Boxa	lδ.	09212004	Chg-LLC	CR2E083 (1	0/03)	
City & Sta	ite 3	City & State	• •	· <u>·</u> ···	• • •	4. FEI Numb	per		A	plied For
Orland	Λ FI_	Volant PA					ED FOR 77-00	602M3	-	t Applicable
Zip	Country	Zip	Coun	ntry				···		
32804	1	16156	Cour	,		5. Certificate	e of Status Desired)0 Add Require	
U 2804.	6. Name and Address of Current F			1		7 N	d Address of Nov. De			
<u>~3♥ . ~ ₹ • • • • • • • • • • • • • • •</u>	Carata and Address of Cultent	registeren Myent		Name		r. Name an	d Address of New Re	yıstered Agent		
TRAME	K, JAMES W			Name						
	R, JAMES W	trange Blossom Tra 32804-1903	il –	Street 4	Address (P.O. Box Numb	per is Not Acceptable)			
	A. FL 32757 Allanda El	itange out	•	, , ,		· ·····	30. 10 11017 1000 ptublo,			
MIT. DOTO	", " = 52/5" Orlando, FL	. 32804-1903		<u> </u>				78.		
	·			L						
				City				FL Z	ip Cod	9
9 The show	a page of anting a leaster this area of a few	No.						· -		
the obliga	e named entity submits this statement for tions of registered agent.	the purpose of changing its r	egisteri	ea ottice o	r register	ed agent, or be	oth, in the State of Flor	ida. I am familia	ar with,	and accept
5	1						₩ €			
SIGNATURE	James Traweek						·(19-20-00	4	
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE:	Registere	d Agent signal	ture required	when reinstating)	k · er	DATE		
45 c 2 %	The second section of the second section of the second section of the second section s		mgac a					and the second of the second o	* 9	
	ling Fee is \$50.00						Make	check payab	le to	, [
Due	by September 8, 2004		14		!			Department o		,
								A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
9	MANAGING MEMBER	RS/MANAGERS	₋ 10.				. ADDITIONS/	CHANGES		-:-
TITLE "	MGRM	☐ Delete	TITLE					X 10	hange	Addition
NAME	TGA HOLDING COMPANY		NAM	Ε					-	_
STREET ADDRESS	2255 CRESCENT DR.		STRE	ET ADDRESS	447.6	N. Orana	u Blossom T	rail		
CITY-ST-ZIP	MT. DORA, FL 32757		CITY	-ST-ZIP	Orlar	ado FI	y Blossom T 32804-190	3		
TITLE					Or ite.	100, 12	30001110			
		☐ Delete	TITLE						hange	☐ Addition
NAME OTDEET ADDRESS	1		NAMI							
STREET ADDRESS			1	ET ADDRESS						ļ
CITY-ST-ZIP			ÇITY	-ST-ZIP						
TITLE		☐ Delete	TITLE	-				□ C	hanoe	Addition
NAME			NAM	Ε.	J .					_
STREET ADDRESS			-	ET ADDRESS				•	-	5 E-1
CITY-ST-ZIP				-ST-ZIP						
TITLE						7.5				
		☐ Delete	TITLE					□ c	hange	Addition
NAME			NAM				•			
STREET ADDRESS				ET ADDRESS						
CITY-ST-ZIP			ÇITY-	-ST-ZIP						
TITLE		☐ Delete	TITLE					□ C	hange	☐ Addition
NAME			NAME							
STREET ADDRESS			STREE	ET ADDRESS						
CITY-ST-ZIP	*^~	and securing a	CITY-	ST-ZIP					• '	
TITLE		□ Delete	TITLE						haans'	D Addison
NAME		Delete	NAME			,		(i	nange ••	Addition
STREET ADDRESS		1						14 1511	;	
CITY-ST-ZIP				ET ADORESS		,	٠,	den sulviv		
				ST-ZIP				*		
, indicated	certify that the information supplied with the country of the supplied with the country of the country of the country of the receiver or trustee of the country of the receiver or trustee of the country	hat my sionature shall have th	e same	: legal effe	ct as if m	ade under oatt	n that lam a mananid	urther certify thang member or m	it the in anager	formation of the
				,	,	,				