

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90018 021 \*\*\*138.75

**DOCUMENT # L05000059000**

1. Entity Name  
 TCG BOULEVARD SQUARE, L.L.C.



Principal Place of Business  
 3850 HOLLYWOOD BOULEVARD  
 SUITE 400  
 HOLLYWOOD, FL 33021 US

Mailing Address  
 3850 HOLLYWOOD BOULEVARD  
 SUITE 400  
 HOLLYWOOD, FL 33021 US



04242008 No Chg-LLC CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 56-2557894	Applied For Not Applicable
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5. Certificate of Status Desired  **\$5.00** Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORNFELD, ROBERT M DR.  
 3850 HOLLYWOOD BOULEVARD  
 SUITE 400  
 HOLLYWOOD, FL 33021

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CORNFELD, ROBERT M DR. 3850 HOLLYWOOD BOULEVARD, SUITE 400 HOLLYWOOD, FL 33021
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**DO NOT WRITE IN THIS SPACE**

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] Authorized Agent 4/28/08 (954) 989-2200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #