

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000043498

Entity Name: TCC MONTENEGRO, LLC.

FILED
Apr 06, 2009
Secretary of State

Current Principal Place of Business:

3250 MARY STREET, STE. 500
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

3250 MARY STREET, STE. 500
MIAMI, FL 33133

New Mailing Address:

FEI Number: 26-4607774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEARNS WEAVER MILLER WEISSLER ALHADEFF
% RICHARD E. SCHATZ
150 W. FLAGLER STREET, STE. 2200
MIAMI, FL 33130 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: WEISER, SHERWOOD M
Address: 3250 MARY STREET SUITE 500
City-St-Zip: MIAMI, FL 33133 US

Title: MGR () Change (X) Addition
Name: LEFTON, DONALD E
Address: 3250 MARY STREET SUITE 500
City-St-Zip: MIAMI, FL 33133 US

Title: MGR () Change (X) Addition
Name: WEISER, BRADLEY A
Address: 3250 MARY STREET SUITE 500
City-St-Zip: MIAMI, FL 33133 US

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: SHERWOOD M. WEISER

MGR

04/06/2009

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