2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L43537

1. Entity Name
TCI REAL ESTATE, INC.

Principal Place of Business
1248 VISCAYA PARKWAY
CAPE CORAL, FL 33990 US

Mailing Address
1248 VISCAYA PARKWAY
CAPE CORAL, FL 33990 US

02202006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0191811
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HALICZER, JAMES S ESQ
101 N.E. THIRD AVENUE, SUITE 600
FT LAUDERDALE, FL 33301

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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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TRACEY, DAVID G
STREET ADDRESS	1248 VISCAYA PARKWAY
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	D
NAME	TRACEY, JOSEPH H
STREET ADDRESS	1248 VISCAYA PARKWAY
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	D
NAME	CRAMER, DIANE M
STREET ADDRESS	1248 VISCAYA PARKWAY
CITY-ST-ZIP	CAPE CORAL, FL
TITLE	D
NAME	HALICZER, JAMES
STREET ADDRESS	101 N.E. THIRD AVENUE, SUITE 600
CITY-ST-ZIP	FT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/21/06-80114-006 150.00

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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David G. Tracey — Pres 3/10/06 239-574-4900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #