


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 08:00 A
Secretary of State

DOCUMENT # L43537 1. Entity Name TCI REAL ESTATE, INC.	
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Principal Place of Business 1248 VISCAYA PARKWAY CAPE CORAL, FL 33990 US	Mailing Address 1248 VISCAYA PARKWAY CAPE CORAL, FL 33990 US
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02132008 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 <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

U000000833808
 02/28/08-80027-012 150.00

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	

DO NOT WRITE IN THIS SPACE

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 **2/21/08** **239-574-4900**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #