


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L93000000064	
1. Entity Name TCC VENEZUELA, L.C.	

Principal Place of Business 1950 STEMMONS FREEWAY SUITE 6001 DALLAS, TX 75207	Mailing Address 1950 STEMMONS FREEWAY SUITE 6001 DALLAS, TX 75207
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DO NOT WRITE IN THIS SPACE



03172004 No Chg-LLC	CR2E083 (10/03)
4. FEI Number 65-0395264	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**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 _____

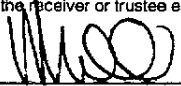
**Filing Fee is \$50.00
Due by May 1, 2004**

1100000126280
04/23/04-80027-018 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CHC HOTELS & RESORTS CORP. 1950 STEMMONS FREEWAY DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CARNICON HOLDINGS CORP. 1950 STEMMONS FREEWAY DALLAS, TX 75207
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TEMLING, W. PETER 3250 MARY STREET MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR HEWITT, THOMAS 3250 MARY STREET, SUITE 50 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM CHC CASINOS CORP. 3250 MARY STREET, SUITE 500 MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Mark M. Chloupek** **4-2-04** **214 863 1000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #