


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 15, 2005 8:00 am
Secretary of State

06-15-2005 90038 033 ****50.00

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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14018004



04282005 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

**Filing Fee is \$50.00
 Due by May 1, 2005**

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)(i), 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: *Michael Higa* *Michael Higa* 5-31-05 (214) 963-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #