2004 LIMITED LIABILITY COMPANY

ANNUAL REPORT (AR)										
DOCUMENT # L03000034536  1. Entity Name  TRG - HALLANDALE BEACH (TOWER TWO), LLC							OL MAD	( او د		
							SH -5 P	112:50		
Principal Place of Business  2828 CORAL WAY, PENTHOUSE SUITE MIAMI FL 33145			Mailing Address 2828 CORAL WAY, PENTHOUSE SU MIAMI FL 33145				OL HAR -5 PI TALLAHASSEE, F	i, Lorij,		
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			<u> </u>	MOORE	CR2E083	(11/03)	
City & State			City & State				4. FEI Number		k	oplied For at Applicable
Zip	Country		Zip Coun		try		5. Certificate of Status Desired		5.00 Add	litional
	6. Name	and Address of Current	Registered Agent			7. Name and Address of New F				
HERN	JANDE7	, ANGEL		Name	Name					
2828		WAY, PENTHOUS	E SUITE	Street A	ddress (F	P.O. Box Number is Not Acceptable	e) 			
•					City			FL	Zip Code	<b>3</b>
<ol> <li>The above named entity submits this statement for the purpose of changing its registered offithe obligations of registered agent.</li> </ol>							ed agent, or both, in the State of Flo		amiliar with,	and accept
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable, (NOTE, Registered Agent signature required when reinstating)  DATE										
21	ignature, typed	or printed name or registered agent.	,				when reinstating)	DATE	<del></del>	·
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State										
				Due By Ma	ay 1, 2004	4				
9.		MANAGING MEMBE		10.		44.0	ADDITIONS	/CHANGES		<b></b>
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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: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #										