

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M13000000388

Entity Name: TG DEVELOPMENT II, LLC**Current Principal Place of Business:**4000 ISLAND BLVD, PH-2
AVENTURA, FL 33160**Current Mailing Address:**4000 ISLAND BLVD, PH-2
AVENTURA, FL 33160**FEI Number:** 46-1600792**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title MEMBER
Name TGD HOLDINGS II, LLC
Address 4000 ISLAND BLVD, PH-2
City-State-Zip: AVENTURA FL 33160

Title VP, ASSOC GC, A-SEC
Name DEGNAN, BRIAN
Address 4000 ISLAND BLVD, PH-2
City-State-Zip: AVENTURA FL 33160

Title CFO, VP
Name SHMUELI, OREN
Address 4000 ISLAND BLVD, PH-2
City-State-Zip: AVENTURA FL 33160

Title TREASURER, ASST. SECRETARY
Name LILLYCROP, WILLIAM J
Address 4000 ISLAND BLVD, PH-2
City-State-Zip: AVENTURA FL 33160

Title EVP, ASST. SECRETARY
Name LIEB, JAMES
Address 4000 ISLAND BLVD, PH-2
City-State-Zip: AVENTURA FL 33160

Title A-VP, ASST. SECRETARY, ASST.
TREASURER
Name TORPEY, CARITE
Address 4000 ISLAND BLVD, PH-2
City-State-Zip: AVENTURA FL 33160

Title MANAGER
Name TG CO MANAGEMENT, INC
Address 4000 ISLAND BLVD, PH-2
City-State-Zip: AVENTURA FL 33160

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM J LILLYCROP

TREASURER, A-SEC

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date