

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 11, 2001 08:00 AM****Secretary of State****DOCUMENT # A00000001683**1. Entity Name  
TCG SHERWOOD LAKE, LTD.

|   |   |
|---|---|
| Principal Place of Business<br>2937 S.W. 27TH AVE., SUITE 303<br><br>COCONUT GROVE FL 33133 | Mailing Address<br>2937 S.W. 27TH AVE., SUITE 303<br><br>COCONUT GROVE FL 33133 |
|---|---|

|  |  |
|--|--|
| 2. Principal Place of Business<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country | 3. Mailing Address<br>Suite, Apt. #, etc.<br>City & State<br>Zip Country |
|--|--|

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-1054010**  
Applied For  
Not Applicable5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

|  |   |
|--|---|
| 6. Name and Address of Current Registered Agent<br><br>GREEN PATRICIA K<br>2200 MUSEUM TOWER<br>150 WEST FLAGLER STREET<br>MIAMI FL 33130 US | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City FL Zip Code |
|--|---|

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.

SIGNATURE \_\_\_\_\_ DATE **01/11/2001**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

|  |   |  |
|--|---|--|
| 9. Capital Contributions as Shown on record. 99.90 | 10. Amount of Capital Contributions in FLORIDA to date. 99.90 | 11. <b>MAKE CHECK PAYABLE TO DEPT. OF STATE</b><br><b>SEE REVERSE SIDE FOR FEE INFORMATION</b> |
|--|---|--|

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

| 12. GENERAL PARTNER INFORMATION |   | 13. ADDRESS CHANGES ONLY |  |
|---------------------------------|---|--------------------------|--|
| DOCUMENT #                      | TCG SHERWOOD LAKE, INC.<br>2937 S.W. 27TH AVE., SUITE 303<br>COCONUT GROVE FL 33133 | STREET ADDRESS           |  |
| NAME                            |   | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |   |                          |  |
| CITY-ST-ZIP                     |   |                          |  |
| DOCUMENT #                      |   | STREET ADDRESS           |  |
| NAME                            |   | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |   |                          |  |
| CITY-ST-ZIP                     |   |                          |  |
| DOCUMENT #                      |   | STREET ADDRESS           |  |
| NAME                            |   | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |   |                          |  |
| CITY-ST-ZIP                     |   |                          |  |
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| NAME                            |   | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |   |                          |  |
| CITY-ST-ZIP                     |   |                          |  |
| DOCUMENT #                      |   | STREET ADDRESS           |  |
| NAME                            |   | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |   |                          |  |
| CITY-ST-ZIP                     |   |                          |  |
| DOCUMENT #                      |   | STREET ADDRESS           |  |
| NAME                            |   | CITY-ST-ZIP              |  |
| STREET ADDRESS                  |   |                          |  |
| CITY-ST-ZIP                     |   |                          |  |

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Luis Gonzalez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

VP 01/11/2001

Date

Daytime Phone #

CR2E003 (11/00)