2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR) DUE BY MAY 1, 2004

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

DUE BY MAY 1, 2004							
	DOCUMENT # A0000001683 1. Entity Name TCG SHERWOOD LAKE, LTD.					SECRETARY OF STATE DIVISION OF CORPORATIONS	
ŀ						04 APR 13 PM 1:05	
	Principal Place of Business Mailing Address				-		
-	2937 S.W. 27TH AVE., SUITE 303 2937 S.W. 27TH AVE., SI COCONUT GROVE FL 33133 COCONUT GROVE FL 33				303		
ŀ	Principal Place of Business 3. Mailing Address						
}	2950 SW 27th Avenue Stite, Apt. #, etc.		Suite, Apt. #, etc.		Avenue	MOORE CR2E003 (11/03)	
Ī	Ste 200 Gity & State		City & State	Ste 200		4. FEI Number Applied For	
L	Miami, Fl		Miami, Fl			65-1054010 Not Applicable	
	Zip 33133	Country USA	Zip 33133	Coun US	•	5. Certificate of Status Desired S8.75 Additional Fee Required	
		6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent	
					Name		
	GREEN, PATRICIA K 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI FL 33130				Street Address	s (P.O. Box Number is Not Acceptable)	
						100034386441	
ł						04/28/0401021019 **\$26.25	
					City	FL Zip Code	
Ī	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		
}	9. Capital Contributions \$1,997,000.00 10. Amount of Capital Co				butions	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE	
	as Shown on record. \$1,997,000.00 in FLORIDA to date.					SEE REVERSE SIDE FOR FEE INFORMATION	
-	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGIS' NOTE: General Partners MAY NOT be changed on the form; an amendmen						
Ļ	12. GENERAL PARTNER INFORMATION			13.	, ar ancian	ADDRESS CHANGES ONLY	
-	DOCUMENT #	MENT # P00000103448			ET ADDRESS		
	NAME	COCONUT GROVE FL 33133			LET ADDITIONS		
	STREET ADDRESS CITY-ST-ZIP				-ST-ZIP		
	NAME			STRI	EET ADDRESS	~	
_	STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
STAPLE CHECK HERE	NAME			STR	EET ADDRESS		
	STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP		
	NAME			STRI	EET ADDRESS		
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S	STREET ADDRESS CITY-ST-ZIP				-ST-ZIP		
	14. Thereby 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 frue and according 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						

Date

Daytime Phone #