


2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
May 01, 2006 08:00 AM
Secretary of State

\$ 508.75

DOCUMENT # A00000001683
 1. Entity Name
TCG SHERWOOD LAKE, LTD.



Principal Place of Business 2950 S.W. 27TH AVE., SUITE 200 MIAMI, FL 33133	Mailing Address 2950 S.W. 27TH AVE., SUITE 200 MIAMI, FL 33133
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DO NOT WRITE IN THIS SPACE



01172006 No Chg-LP CR2E003 (11/05)

4. FEI Number 65-1054010	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREEN, PATRICIA K
 2200 MUSEUM TOWER
 150 WEST FLAGLER STREET
 MIAMI, FL 33130

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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.

FILE NOW!!! FEE IS \$500.00
After May 1, 2006, Fee will be \$900.00

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	
DOCUMENT #	P00000103448
NAME	TCG SHERWOOD LAKE, INC.
STREET ADDRESS	2937 S.W. 27TH AVE., SUITE 303
CITY-ST-ZIP	COCONUT GROVE, FL 33133
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000554648
 05/16/06-80002-012 508.75

STAPLE CHECK HERE

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER