

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # A02000000215

1. Entity Name
ARBOR CREST, LTD.



Principal Place of Business
**2950 S.W. 27TH AVENUE
SUITE 200
COCONUT GROVE, FL 33133**

Mailing Address
**2950 S.W. 27TH AVENUE
SUITE 200
COCONUT GROVE, FL 33133**

DO NOT WRITE IN THIS SPACE



01172006 No Chg-LP

CR2E003 (11/05)

4. FEI Number
03-0416776

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MCDONOUGH, BRIAN J
2200 MUSEUM TOWER
150 WEST FLAGLER STREET
MIAMI, FL 33130**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and file if applicable.

DATE _____

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 # **L03000011221**
NAME **TCG ARBOR CREST, LLC.**
STREET ADDRESS **2950 S.W. 27TH AVENUE, SUITE 200**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

DOCUMENT #
NAME
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CITY-ST-ZIP

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1100000465327
03/22/06-80032-002 500.00

**DO NOT WRITE
IN THIS SPACE**

STAPLE CHECK HERE

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #