

2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # A03000000053

1. Entity Name
FALCON PASS, LTD



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

Mailing Address
**2950 SW 27TH AVE.
SUITE 200
MIAMI, FL 33133**



04182007 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
06-1671884

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
2937 S.W. 27TH AVENUE STE. 303
COCONUT GROVE, FL 33133**

**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.

Lloyd J. Boggio

SIGNATURE

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

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2007, 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 # **L03000006645**
NAME **TCG FALCON PASS, LLC**
STREET ADDRESS **2950 S.W. 27TH AVENUE SUITE 200**
CITY-ST-ZIP **COCONUT GROVE, FL 33133**

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**U000000748301
05/17/07-80061-010 508.75**

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

Lloyd J. Boggio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE