2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007**

SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A0600000128 07 JUL 18 PM 12: 57 RANCH LAKE MEADOWS, LTD. Principal Place of Business Mailing Address 2950 S.W. 27 AVENUE, SUITE 200 2950 S.W. 27 AVENUE, SUITE 200 MIAMI, FL 33133 MIAMI, FL 33133 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182007 Chg-LP CR2E003 (12/06) City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MCDONOUGH, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 2200 MUSEUM TOWER, 150 WEST FLAGLER STREET MIAMI, FL 33130 City Zip Code 8. The above r of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligation Lloyd J. Boggio SIGNATURE ______ DATE \$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. GENERAL PARTNER INFORMATION 12. 13. ADDRESS CHANGES ONLY 70010663204 07/24/07--01042--014 ** L06000007975 DOCUMENT # STREET ADORESS TCG RANCH LAKE MEADOWS, LLC NAME STREET ADDRESS 2950 S.W. 27 AVENUE, SUITE 200 CITY-ST-ZIP CITY-ST-7IP MIAMI, FL 33133 DOCUMENT # STREET ADORESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ANDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP yed with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information are 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 secure this report as required by Chapter 620, Florida Statutes 14. I hereby certify that the informatindicated on this report is true. or the receiver or trust Lloyd J. Boggio

NG GENERAL PARTNER

Date

Daytime Phone #