

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

08 APR 21 PM 3:50

DOCUMENT # A07000000870

1. Entity Name
 TC GARCES II, LTD.



Principal Place of Business
 1500 NW 94TH AVENUE
 MIAMI, FL 33172

Mailing Address
 1500 NW 94TH AVENUE
 MIAMI, FL 33172

13900 SW 30 ST
 MIAMI FL 33175



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03172008 Chg-LP CR2E003 (12/06)

City & State

City & State

4. FEI Number

☒ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BSPA CORPORATE SERVICES, INC.
 350 E. LAS OLAS BLVD.
 SUITE 1000
 FT. LAUDERDALE, FL 33301

Name Christian Garces

Street Address (P.O. Box Number is Not Acceptable)
13900 SW 30 ST

City Miami

FL

Zip Code 33175

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

Christian Garces

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

4/8/08

DATE

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00

200123956022
 04/18/08--01006--005 **500.00

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

13. ADDRESS CHANGES ONLY

DOCUMENT # L07000072513
 NAME TC GARCES I, LLC
 STREET ADDRESS 1500 NW 94TH AVENUE
 CITY-ST-ZIP MIAMI, FL 33172

STREET ADDRESS
 CITY-ST-ZIP

DOCUMENT #
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DOCUMENT #
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

STREET ADDRESS
 CITY-ST-ZIP

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:

Christian Garces

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/8/08

Date

305 594 4222

Daytime Phone #

STAPLE CHECK HERE