


**2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008**

FILED

08 FEB 19 PM 12:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # A07000001236			
1. Entity Name TLCA INVESTMENT GROUP, LP			
Principal Place of Business 5030 CHAMPION BOULEVARD SUITE G6-293 BOCA RATON, FL 33496		Mailing Address 5030 CHAMPION BOULEVARD SUITE G6-293 BOCA RATON, FL 33496	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01102008	Chg-LP	CR2E003 (12/06)	<input checked="" type="checkbox"/> Applied For
			<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
SANDBERG, DONNA M 1200 S ROGERS CIRCLE, #11 BOCA RATON, FL 33487		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 *Donna M. Sandberg Agent* DATE 2/11/08

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

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	ALBANESE, TARA L	STREET ADDRESS	
NAME	5030 CHAMPION BOULEVARD, SUITE G6-293	CITY-ST-ZIP	
STREET ADDRESS	BOCA RATON, FL 33496		400115062634
CITY-ST-ZIP			01/14/08--01052--015 **500.00
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NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			

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: *Tara L. Albanese* DATE 1/10/08 DAYTIME PHONE # 561-994-1375 x1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #