## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 26, 2004 8:00 am Secretary of State

DOCUMENT # F01000002609  1. Entity Name TCR METRO II, INC.						03-26-2004 90012 029 ***150.00				
Principal Place	of Business		Mailing Address			7				
201 N . NEW YORK AVE			6400 CONGRESS AVE.					54	02272	2
STE 200			STE. 2100					97	02212	~
WINTER PARK	K, FL 32789	9	BOCA RATON, FL 33	487 0		# 190 BIRTON 1119 B	IRERE INDIA BRIDI ROJUL MOLET	ERIJE OTJER SIJ	BIO BIRL BOLLD (201	P91 (1 189)
0 Dinning   17	lass of Dunio		3. Mailing Address							
2. Principal Place of Business			9. Maining Address			HANNI IIRII 6000 JUHA MBAH		EIL BHILL EBRIL ION	30) II 160)	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			02202004	Cha B	CDSEC	24 (10/02)	
,						02202004	Chg-P	ChZEC	34 (10/03)	
City & State			City & State			4. FEI Number Applied For				
						75-2936995 Not Applicable				
Zip		Country	Zip	Count	iry	5. Certificate of	of Status Desired		\$8.75 Addi	
G. Name and Address of Current F			Popintored Agent			7. Name and Address of New Registered Agent				
	o. Name	end Address of Current	negisioiou-agent		Name	7. Hame Bild	Address of New 11	agraterou	ндол	
CORPORATION SERVICE COMPANY										
1201 HAYS	SSTREET	Γ			Street Address	s (P.O. Box Numbe	r is Not Acceptable	)		
TALLAHAS	SSEE, FL	32301-2525								
					City	City FL Zip Code				
8. The above	named entit	y submits this statement fo	r the purpose of changing	its registere	ed office or regist	tered agent, or both	h, in the State of Flo	rida. Lam	familiar with,	and accept
	ions of regist									
CICNATION										
SIGNATURE.	Signature, typed	or printed name of registered agent	and title if applicable. (N	OTE: Registere	d Agent signature requi	ived when reinstation()		DATE		
						do encirios istalings				
		FEE IS \$150.00 4 Fee will be \$550.	9. Election Camp Trust Fund Co	-		5.00 May Be dded to Fees				
			00 Trust Fund Co	-		5.00 May Be dded to Fees	CHANGES TO OFFI	ICERS ANI	DIRECTORS	S IN 11
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CiTY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

STEINHARDT, SHARI

BOCA RATON, FL 33487

6400 CONGRESS AVE., STE.2100

Sugnature and Type DO PRINTED NAME OF SIGNANG OFFICER ON DIFFECTOR