

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 18, 2004 8:00 am
Secretary of State

08-18-2004 90002 025 ***150.00

DOCUMENT # F02000004756

1. Entity Name

TCP-MIRAMAR MANAGER, INC.



Principal Place of Business

402 EAST GUTIERREZ STREET
SANTA BARBARA, CA 93101

Mailing Address

402 EAST GUTIERREZ STREET
SANTA BARBARA, CA 93101

54068676



07122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

82-0563959

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

**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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PT
NAME	GILLER, JEFFREY M
STREET ADDRESS	402 EAST GUTIERREZ STREET
CITY-ST-ZIP	SANTA BARBARA, CA 93101
TITLE	S
NAME	LINN, HERBERT J
STREET ADDRESS	161 N. CLARK STREET, STE. 3100
CITY-ST-ZIP	CHICAGO, IL 60601
TITLE	Vice President
NAME	SKINNER, Robert L.
STREET ADDRESS	402 E. Gutierrez St.
CITY-ST-ZIP	Santa Barbara Ca 93101
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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.

SIGNATURE:

Robert L. Skinner
BY: Robert L. Skinner
AS: Vice President.

8-6-04 (805)879-1741

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #