

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90150 039 \*\*\*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

**DO NOT WRITE IN THIS SPACE**



01102005 No Chg-P CR2E034 (10/03)

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  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ZIMMERMAN, CRAIG 402 E. GUTIERREZ ST SANTA BARBARA, CA 93101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINN, HERBERT J 161 N. CLARK STREET, STE. 3100 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO, PRESIDENT & CLASS A DIRECTOR SKINNER, ROBERT L 402 E GUTIERREZ ST SANTA BARBARA, CA 93101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLASS B DIRECTOR (INDEPENDENT) AMERICAN EXPRESS TAX & BUSINESS SERVICES 1 S. WACKER DR. CHICAGO, IL 60603
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.26.05 805.879.1741  
Date Daytime Phone #