

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

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**



01102006 No Chg-P CR2E034 (11/05)

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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	S LINN, HERBERT J 161 N. CLARK STREET, STE. 3100 CHICAGO, IL 60601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP SKINNER, ROBERT L 402 E GUTIERREZ ST SANTA BARBARA, CA 93101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZIMMERMAN, CRAIG 402 E GUTIERREZ ST SANTA BARBARA, CA 93101
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D 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	

11000000481536
04/11/06 90034-017 150.00

**DO NOT WRITE
IN THIS SPACE**

12. 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 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: John R
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-06

Date

Daytime Phone #