

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 12, 2007 08:00 A
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



01112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FE# 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, 2007 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

U000000701232
04/20/07-80051-001 150.00

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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:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-28-07
Date

805.564.0235
Daytime Phone #