

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90067 020 \*\*\*150.00

DOCUMENT # F04000003401					
1. Entity Name TCR FLORIDA PROPERTIES, INC.					
Principal Place of Business 2001 BRYAN STREET, SUITE 3700 DALLAS, TX 75201			Mailing Address 2001 BRYAN STREET, SUITE 3700 DALLAS, TX 75201		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-1230992	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
-FILE NOW!!!- FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOLAR, ALAN E		NAME	Kolar, Alan	
STREET ADDRESS	201 NORTH NEW YORK AVE., SUITE 200		STREET ADDRESS	495 N. Keller Rd	
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP	Maitland, FL 32751	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROW, HARLAN R		NAME		
STREET ADDRESS	2100 MCKINNEY AVE., SITE 700		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75201		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGWIER, J. MICHAEL		NAME		
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1100		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 03339		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERWILLIGER, J. RONALD		NAME		
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1100		STREET ADDRESS		
CITY-ST-ZIP	ATLANTA, GA 03339		CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUEDMEYER, KIMBERLY		NAME		
STREET ADDRESS	201 NORTH NEW YORK AVE., SUITE 200		STREET ADDRESS		
CITY-ST-ZIP	WINTER PARK, FL 32789		CITY-ST-ZIP		
TITLE	VT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURCELL, RACHAEL		NAME		
STREET ADDRESS	2001 BRYAN STREET, SUITE 3700		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75201		CITY-ST-ZIP		
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: <i>Alan Kolar</i>		Date: 2.14.05		Daytime Phone #: 561-998-4451	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					