


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # F94000002036 1. Entity Name TCR SFA HOMESTEAD COLONY, INC.	
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Principal Place of Business 2001 BRYAN STREET STE 3700 DALLAS, TX 75201	Mailing Address 2001 BRYAN STREET STE 3700 DALLAS, TX 75201
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**DO NOT WRITE IN THIS SPACE**



04082004 No Chg-P CR2E034 (10/03)

4. FEI Number 75-2531545	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**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**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) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 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	PD TERWILLIGER, RONALD J 2859 PACES FERRY ROAD, STE 1100 ATLANTA, GA 30339
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BREINING, CLIFFORD A 6552 VIA DOS CALLES RANCHO SANTA FE, CA 92067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOEKSEMA, DOUGLAS A 201 N. NEW YORK AVENUE., STE 200 WINTER PARK, FL 32789
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT COLLINS, MICHAEL 1810 GATEWAY DR., STE 100 SAN MATEO, CA 94404
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAST PATTERSON, THOMAS J 2001 BRYAN STREET STE 3700 DALLAS, TX 75201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STEINHARDT, SHARI 6300 CONGRESS AVENUE STE 2100 BOCA RATON, FL 33487

**DO NOT WRITE  
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: Shari Steinhart Assistant Secretary 4/8/04 361 198-4451  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #