

2005 FOR PROFIT CORPORATION ANNUAL REPORT

112

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2005 JUL -8 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07062005 Chg-P CR2E034 (10/03)

DOCUMENT # F94000002036 1. Entity Name TCR SFA HOMESTEAD COLONY, INC.					
Principal Place of Business 2001 BRYAN STREET STE 3700 DALLAS, TX 75201			Mailing Address 2001 BRYAN STREET STE 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 75-2531545			Applied For <input type="checkbox"/> 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				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD TERWILLIGER, RONALD J 2859 PACES FERRY ROAD, STE 1100 ATLANTA, GA 30339	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director/Vice Pres Terwilliger, J. Ronald 2859 Paces Ferry Rd., 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		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Pres Parrott, Perry 1001 Yamato Road, Ste. 407 Boca Raton, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VPT PURCELL, RACHEL 2001 BRYAN STREET, STE. 3700 DALLAS, TX 75201		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Asst Secy Peacon, Kelly 1001 Yamato Rd., Ste. 407 Boca Raton, FL 33431	
TITLE NAME STREET ADDRESS CITY-ST-ZIP AS STEINHARDT, SHARI 6300 CONGRESS AVENUE STE 2100 BOCA RATON, FL 33487		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP Asst Secy Moody, Marcia L. 2001 Bryan St., Ste. 3700 Dallas, TX 75201	
TITLE NAME STREET ADDRESS CITY-ST-ZIP VAST PATTERSON, THOMAS J 2001 BRYAN STREET STE 3700 DALLAS, TX 75201		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP <div style="text-align: center; font-size: 1.2em;">900057210649</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS 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>Marcia L. Moody</i>		Marcia L. Moody, Asst Secy 7-6-05 214-922-8431 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



CORPORATION SERVICE COMPANY

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ACCOUNT NO. : 072100000032

REFERENCE : 472397 4348748

AUTHORIZATION :

Patricia Pigot

COST LIMIT : \$ 550.00

ORDER DATE : July 8, 2005

ORDER TIME : 12:01 PM

ORDER NO. : 472397-010

CUSTOMER NO: 4348748

CUSTOMER: Penny Lincoln
Trammell Crow Residential
Suite 3700
2001 Bryan Street
Dallas, TX 75201

ANNUAL REPORT FILING

05 JUL - 8 PM 12:51
RECEIVED
CHASSER, FLORIDA

NAME: TCR SFA HOMESTEAD COLONY,
INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: _____