


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000003384		
1. Entity Name TCG SOUTH FLORIDA HOLDINGS II, INC.		

Principal Place of Business ONE AT&T WAY ROOM 4A235 BEDMINSTER, NJ 07921	Mailing Address ONE AT&T WAY ROOM 4A235 BEDMINSTER, NJ 07921 US
---	--

FILED  
06 MAY -3 PM 4:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04262006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 51-0356761	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 SOUTH PINE ISLAND ROAD  
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, 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	P WALLACH, FREDERICK K ONE AT&T WAY BEDMINSTER, NJ 07921
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO DIONNE, JAMES ONE AT&T WAY BEDMINSTER, NJ 07921
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VGC DAGGER, THOMAS G ONE AT&T WAY BEDMINSTER, NJ 07921
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BRAZZELL, STEPHEN 55 CORPORATE DR. BRIDGEWATER, NJ 08807
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V PETERS, KEVIN ONE AT&T WAY BEDMINSTER, NJ 07921
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BIENFAIT, ROBERTA A ONE AT&T WAY BEDMISTER, NJ 07921

300074512113  
05/12/06--01015--029 \*\*3450.00

**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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06  
Date

(908) 234-8955  
Daytime Phone #