

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005097 (8)**

1. Corporation Name

**TGM TIMBERLAKE INC.**

Principal Place of Business <b>C/O TGM ASSOCIATES L.P. 650 FIFTH AVENUE 28TH FLOOR NEW YORK NY 10019</b>	Mailing Address <b>C/O TGM ASSOCIATES L.P. 650 FIFTH AVENUE 28TH FLOOR NEW YORK NY 10019</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>09/30/1996</b>		3a. Date of Last Report	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>13-3904785</b>		Applied For Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Zip <b>29</b>		Country <b>30</b>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>				10. Name and Address of New Registered Agent			
<b>81</b> Name				<b>82</b> Street Address (P.O. Box Number is Not Acceptable)			
<b>83</b>				<b>84</b> City			
				<b>FL 85</b> Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CDP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GOCHBERG, THOMAS, D</b>	1.2 NAME	
STREET ADDRESS	<b>% 650 FIFTH AVENUE, 28TH FLOOR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>	1.4 CITY-ST-ZIP	
TITLE	EVAS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACY, STEVEN C, D</b>	2.2 NAME	
STREET ADDRESS	<b>% 650 FIFTH AVENUE, 28TH FLOOR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>	2.4 CITY-ST-ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEICHELBECK, PAUL V, D</b>	3.2 NAME	
STREET ADDRESS	<b>% 650 FIFTH AVENUE, 28TH FLOOR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STEVES, ROBERT J</b>	4.2 NAME	
STREET ADDRESS	<b>% 650 FIFTH AVENUE, 28TH FLOOR</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>	4.4 CITY-ST-ZIP	
TITLE	VAS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUTTER, BRIAN</b>	5.2 NAME	
STREET ADDRESS	<b>% 650 FIFTH AVENUE, 28TH FLOOR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROTHBLUM, JOYCE</b>	6.2 NAME	
STREET ADDRESS	<b>% 650 FIFTH AVENUE, 28TH FLOOR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY 10019</b>	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ 7/28/97 12/28/97

CR2E037 (4/97)