

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2004 8:00 am**  
**Secretary of State**

03-26-2004 90008 046 \*\*\*150.00

<b>DOCUMENT # F98000001249</b>					
<b>1. Entity Name</b> TCR CONSTRUCTION II, INC.					
<b>Principal Place of Business</b> 201 N NEW YORK AVE STE 200 WINTER PARK, FL 32789 US			<b>Mailing Address</b> 6900 CONGRESS AVE. STE 2100 BOCA RATON, FL 33487 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 6400 Congress Ave Suite, Apt. #, etc. Ste 2100			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02202004 Chg-P CR2E034 (10/03)	
City & State		City & State Boca Raton FL		<b>4. FEI Number</b> 75-2751395	
Zip		Zip 33487		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	P GOHERTY, ROBERT 201 N NEW YORK AVE STE 200 WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	P POSTHAUER, MARTIN A. 2859 PACES FERRY RD STE 1100 ATLANTA, GA 30339	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	V KOLAR, ALAN 201 N NEW YORK AVE STE 200 WINTER PARK, FL 32789	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	PD TERWILLIGER, J K 2859 PACES FERRY RD STE 1100 ATLANTA, GA	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VST PATTERSON, THOMAS J 2001 BRYAN STREET STE 3700 DALLAS, TX	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	AS STEINHARDT, SHARI 6400 CONGRESS AVE. STE. 2100 BOCA RATON, FL 33487	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	VD MCGWIER, MICHAEL 2859 PACES FERRY RD. SUITE 110 ATLANTA, GA 30339	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <u>Shari Steinhardt</u> <u>2/23/04</u> <u>561-998-4451</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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