


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 28, 2006 8:00 am**  
**Secretary of State**

07-28-2006 90033 037 \*\*\*\*61.25

<b>DOCUMENT # F98000002998</b> 1. Entity Name <b>TGM HUNTERS WAY INC.</b>					
Principal Place of Business <b>% TGM ASSOCIATES L.P.          650 FIFTH AVE.          NEW YORK, NY 10019</b>			Mailing Address <b>% TGM ASSOCIATES L.P.          650 FIFTH AVE.          NEW YORK, NY 10019</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>13-3991376</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY          1201 HAYS STREET          TALLAHASSEE, FL 32301-2525</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code       </span>	
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 _____					
<b>Filing Fee is \$61.25          Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to          Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PSD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOCHBERG, THOMAS		NAME		
STREET ADDRESS	% TGM ASSOCIATES L.P., 650 FIFTH AVE., 28FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP		
TITLE	EVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACY, STEVEN C		NAME		
STREET ADDRESS	% TGM ASSOCIATES L.P., 650 FIFTH AVE., 28FL		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP		
TITLE	SVP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRAZZETTA, MICHAEL		NAME		
STREET ADDRESS	650 FIFTH AVE 28TH FLR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP		
TITLE	VP <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEIN, DIANA		NAME	VICE PRESIDENT	
STREET ADDRESS	650 FIFTH AVE., 28TH FL		STREET ADDRESS	VETA BILLS	
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP	650 FIFTH AVENUE , 28TH FLOOR	
TITLE	VP <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RUTTER, BRIAN		NAME		
STREET ADDRESS	650 FIFTH AVE 28TH FLR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP		
TITLE	VP <input type="checkbox"/> Delete		TITLE	Senior Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GOCHBERG, JOHN		NAME		
STREET ADDRESS	650 FIFTH AVE 28TH FLR		STREET ADDRESS		
CITY-ST-ZIP	NEW YORK, NY 10019		CITY-ST-ZIP		
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 617, 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>SIGNATURE:</b> <i>Veta J. Bills</i> <i>Veta Bills</i>			7/24/06 (212) 830-9310		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		