## 2005 FOR PROFIT CORPORATION

SIGNATURE:

## Mar 28, 2005 8:00 am Secretary of State **ANNUAL REPORT** 03-28-2005 90076 003 \*\*\*150.00 DOCUMENT # F98000003220 TC RESIDENTIAL FLORIDA I, INC. Principal Place of Business Mailing Address 201 N NEW YORK AVE 6400 CONGRESS AVE 50031298 STE 2100 STE 200 WINTER PARK, FL 32789 BOCA RATON, FL 33487 2. Principal Place of Business 495 N. KCIH 3. Mailing Address Suite, Apt. #, etc. 02102005 CR2E034 (10/03) Chg-P Applied For City & State 4. FEI Number 75-2766134 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code 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 rainstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ☐ Addition MCGWIER, MICHAEL NAME 2859 PACES FERRY RD STE 110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA, GA 30339 CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition Kolar, Alan NAME KOLAR, ALAN NAME 495 North Keller Rd STREET ADDRESS 201 N. NEW YORK AVE STE 200 STREET ADDRESS CITY-ST-ZIF WINTER PARK, FL 32789 CITY-ST-ZIP Maitland, FL 3275 TITLE Delete IIILE Change ☐ Addition STEINHARDT, SHARI NAME NAME STREET ADDRESS 6400 CONGRESS AVE STE 2100 STREET ADDRESS BOCA RATON, FL 33487 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE Change ■ Addition PATTERSON, THOMAS J NAME NAME 2001 BRYAN STREET #3700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75201 CITY-ST-ZIP TITLE Detete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete\_ IIILE Change Addition NAME A NAME\_\_ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED