


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

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

03-26-2004 90012 034 \*\*\*150.00

<b>DOCUMENT # F99000000074</b> 1. Entity Name <b>TCR DUNES, INC.</b>					
Principal Place of Business <b>201 N NEW YORK AVE STE 200 WINTER PARK, FL 32789</b>			Mailing Address <b>6400 CONGRESS AVE. SUITE 2100 BOCA RATON, FL 33487</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>75-2795979</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</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 Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CROW, HARLAN R 2001 ROSS AVE., SUITE 3200 DALLAS, TX 75201	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCGWIER, MICHAEL 2859 PACES FERRY RD. STE. 1100 ATLANTA, GA 30339	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TERWILLIGER, J. RONALD 2859 PACES FERRY ROAD, SUITE 1100 ATLANTA, GA 30339	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PATTERSON, THOMAS 2001 BRYAN ST. STE. 3700 DALLAS, TX 75201	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST PATTERSON, THOMAS J 717 N. HARWOOD, SUITE 1200 DALLAS, TX 75201	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOLAR, ALAN 201 N. NEW YORK AVE. STE. 200 WINTER PARK, FL 32789	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Steinhardt, Shari 6400 Congress Ave, Ste. 2100 Boca Raton, FL 33487				
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>SIGNATURE:</b> <u>Shari Steinhardt</u> <b>2/23/04</b> <b>561-998-4451</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					