

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000002387

FILED  
Mar 07, 2006  
Secretary of State

Entity Name: TCR N.F. MULTI-FAMILY II, INC.

## Current Principal Place of Business:

495 N KELLER RD  
MAITLAND, FL 32751

## New Principal Place of Business:

## Current Mailing Address:

6400 CONGRESS AVE.  
STE. 2100  
BOCA RATON, FL 33487

## New Mailing Address:

FEI Number: 75-2817982      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete  
Name: TERWILLIGER, J. RONALD  
Address: 2859 PACES FERRY ROAD STE 1100  
City-St-Zip: ATLANTA, GA 30339

Title: VPD ( ) Delete  
Name: CROW, HARLAN R  
Address: 2100 MCKINNEY AVE STE 700  
City-St-Zip: DALLAS, TX 75201

Title: AS ( ) Delete  
Name: STEINHARDT, SHARI  
Address: 6400 CONGRESS AVE. STE. 2100  
City-St-Zip: BOCA RATON, FL 33487

Title: VST ( ) Delete  
Name: PATTERSON, THOMAS J  
Address: 2001 BRYAN STREET STE 3700  
City-St-Zip: DALLAS, TX 75201

Title: V ( ) Delete  
Name: KOLAR, ALAN  
Address: 495 N KELLER RD  
City-St-Zip: MAITLAND, FL 32751

Title: PD ( ) Delete  
Name: MCGWIER, MICHAEL  
Address: 2859 PACES FERRY RD. STE. 1100  
City-St-Zip: ATLANTA, GA 30339

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SHARI STEINHARDT

AS

03/07/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date