

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000006925

Entity Name: TRP-TB-WESTON, L.L.C.

FILED
Apr 02, 2007
Secretary of State

Current Principal Place of Business:

200 S.W. 2ND ST.
FT. LAUDERDALE, FL 33301

New Principal Place of Business:

Current Mailing Address:

200 S.W. 2ND ST.
FT. LAUDERDALE, FL 33301

New Mailing Address:

FEI Number: 75-2999983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALLEN, LOUISE J
200 EAST LAS OLAS BLVD.
SUITE 2100
FT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

PETRILLO, TIMOTHY R
200 SW 2 AVE
200
FT LAUDERDALE, FL 33301 US

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: TIM PETRILLO

04/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PETRILLO, TIM
Address: 730 NE 24TH WAY
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGR () Delete
Name: BOULUKOS, PETER
Address: 6816 NW 28TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33309

Title: MGR () Delete
Name: HOOPER, ALAN
Address: 1200 NE 6TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33301

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: TIMOTHY R PETRILLO

MGR

04/02/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date