2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 25, 2004 8:00 am Secretary of State

Pincipal Place of Business PORT WASHINGTON, NY 11050 2. Principal Place of Business Suite, April 4, etc. Suite, April 4, etc. City & State City & State City & State Country C	DOCUMENT # L0100007009 1. Entity Name TGNC DEVELOPMENT LLC)	03-25-2004	¥ 90217 020 *** *	50.00
Sulle, Apt. 4, etc. Sulle, Apt. 4, etc.	26 HARBOR PARK DR.			26 HARBOR PARK DR.			II 88181 II 811 98 111 89 111 881		 I(69) (V) (88)	
City & State Country Country See-2619612 S. Certificate of Status Desired See Required Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code See Required See Required Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code City FL Zip Code City FL Zip Code See Required See Required Street Address (P.O. Box Number is Not Acceptable) Filing Fee Is \$50.00 Due by May 1, 2004 P. MANAGING MEMBERS /MANAGERS Inc. NATION, PAUL Site Address NATI	2. Principal P	lace of Busin	ess	3. Mailing Address						
Secondary Seco	Suite, Apt.	#, etc.		Suite, Apt. #, etc.		03172004	Chg-LLC	CR2E083 (10/03)		
S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the o	City & State			City & State			1		∮	
Name	Zip	Country			Coun	try			Fee Require	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City FL Zip Code		6. Name	and Address of Current R	egistered Agent		Name -	7. Name an	d Address of New R	egistered Agent	
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, speed or present raise of inglinered agent and this applicable Pilling Fee is \$50,00 Due by May 1, 2004 Pilling Fee is \$50,00 Due by May 1, 2004 9. MANAGING MEMBERS / MANAGERS TITLE MGRM ANTON, PAUL STRET ADDRESS CITY-S1-2P HOBOKEN, NJ 07030 TITLE MGR GROOTHIUS, MICHAEL STRET ADDRESS CITY-S1-2P TITLE MARE MA	CORRORA	ATION CE	DVICE COMPANY			Name				
City FL Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Symbol, spead or private raise of registered agent age	1201 HAYS STREET					Street Address	(P.O. Box Numb	per is Not Acceptable	9)	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signat									Tip Cod	
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9. MANAGING MEMBERS / MANAGERS 10. ADDITIONS / CHANGES TITLE MGRM	· •	signature, typed	or printed name of registered agent ar	id the il applicacie. (NOTE	c: negistere	a Agent signature requir	eo when reinstating)		DATE	
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11. 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 is true and accurate and that my 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 pustee employered to execute this report as required by Chapter 608, Florida Statutes.	CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME				CITY THE NAM STRE CITY THE	-ST-ZIP E E -ST-ZIP E -ST-ZIP E E				
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AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE