2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 03, 2007
Secretary of State

DOCUMENT# L02000005037

Entity Name: TRG GP LLC

Current Principal Place of Business:

THE BRANDYWINE CTR.1
580 VILLAGE BLVD, STE. 360
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

THE BRANDYWINE CTR. 1
580 VILLAGE BLVD, STE. 360
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 68-0492197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

MANAGING MEMBERS/MANAGERS:

Title:	MGRM ( ) Delete	
Name:	RICHMAN, RICHARD P	
Address:	340 PEMBERWICK ROAD	
City-St-Zip:	GREENWICH, CT 06831	
Title:	MGRM ( ) Delete	
Name:	SALZMAN, DAVID	
Address:	340 PEMBERWICK ROAD	
City-St-Zip:	GREENWICH, CT 06831	
Title:	MGRM ( ) Delete	
Name:	MILLER, KRISTIN M	
Address:	340 PEMBERWICK ROAD	
City-St-Zip:	GREENWICH, CT 06831	
Title:	MGRM ( ) Delete	
Name:	RICHMAN FAMILY IRREV, OCABLE GRANTOR TRUST	
Address:	340 PEMBERWICK ROAD	
City-St-Zip:	GREENWICH, CT 06831	
Title:	MGRM ( ) Delete	
Name:	RICHMAN FAMILY IRREV, OCABLE GRANTO T RUST II	
Address:	340 PEMBERWICK ROAD	
City-St-Zip:	GREENWICH, CT 06831	
Title:	MGRM ( ) Delete	
Name:	FABBRI, WILLIAM T	
Address:	BRANDYWINE CTR 1 580 VILLAGE BLVD STE 360	
City-St-Zip:	WEST PALM BEACH, FL 33409	

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:	
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: KRISTIN M. MILLER AS P OF MM P 04/03/2007

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