
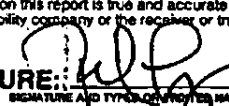


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 21, 2004 8:00 am
Secretary of State

08-24-2004 90046 028 ****55.00

DOCUMENT # L03000006624			
1. Entity Name TCG CRESTVIEW PARK, LLC			
Principal Place of Business 2937 S.W. 27TH AVE., STE. 303 COCONUT GROVE, FL 33133		Mailing Address 2937 S.W. 27TH AVE., STE. 303 COCONUT GROVE, FL 33133	
2. Principal Place of Business 2950 SW 27 AVE Subs. Apt. #, etc. 200		3. Mailing Address 2950 SW 27 AVE Subs. Apt. #, etc. 200	
City & State MIAMI FL		City & State MIAMI FL	
Zip 33133		Country USA	
4. FEI Number 65-1175440		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		07282004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent MCDONOUGH, BRIAN J 150 WEST FLAGLER ST., STE. 2200 MIAMI, FL 33130		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		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		DATE	
Filing Fee is \$60.00 Due by September 8, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER LOYD BOGGER 2950 SW 27 AVE 200 MIAMI, FL 33133 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER LOYD BOGGER 2950 SW 27 AVE 200 MIAMI, FL 33133 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER BRUCE GREER 2950 SW 27 AVE 200 MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		Date: 7-22-04 (305)357-4748	
NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE: Paul Lopez, controller		Daytime Phone #	