2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/26

FILED
Aug 18, 2004 8:00 am
Secretary of State
07-26-2004 90136 028 ****55.00

DOCUMENT # L03000006645

1. Entity Name
TCG FALCON PASS, LLC

34009969

Principal Place of Business	Mailing Address
2937 SW 27TH AVENUE, STE. 303 COCONUT GROVE, FL 33133	2937 SW 27TH AVENUE, STE. 303 COCONUT GROVE, FL 33133

07052004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
2950 SW 27 Ave		2950 SW 27 Ave	
Suite, Apt. #, etc. 200		Suite, Apt. #, etc. 200	
City & State: Coconut Grove FL		City & State: Coconut Grove FL	
Zip: 33133	Country: USA	Zip: 33133	Country: USA

4. FEI Number: 51-0449407 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONOUGH, BRIAN J
150 WEST FLAGLER STREET, STE. 2200
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name
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 office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
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	MGM Member Lloyd J Boggio 2950 SW 27 AVE 200 MIAMI, FL. 33133	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgm member Lloyd J Boggio #200 2950 SW 27 AVE MIAMI, FL 33133	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	member Bruce Green 2950 SW 27 AVE 200 MIAMI, FL 33133	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [signature] Lloyd J. Boggio 8-1-04 (305)476-8118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #