

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000006654

1. Entity Name

TCG CHARLOTTE CROSSING, LLC



Principal Place of Business

2950 SW 27TH AVE
200
COCONUT GROVE, FL 33133

Mailing Address

2950 SW 27TH AVE
200
COCONUT GROVE, FL 33133



01172006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

51-0449406

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, SUITE 2200
MIAMI, FL 33130

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IN THIS SPACE**

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 May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

1000000477576

04/06/06-80056-020 50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
BOGGIO, LLOYD J
2950 SW 27TH AVE #200
MIAMI, FL 33133

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/8/06

Date

Daytime Phone #