

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
May 05, 2004 8:00 am
Secretary of State

04-16-2004 90418 042 ****55.00

DOCUMENT # L03000010245	
1. Entity Name TCG SANTA CLARA II, LLC	

Principal Place of Business 2937 S.W. 27TH AVENUE, SUITE 303 COCONUT GROVE FL 33133	Mailing Address 2937 S.W. 27TH AVENUE, SUITE 303 COCONUT GROVE FL 33133
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2. Principal Place of Business 2950 SW 27 Ave	3. Mailing Address 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

02000113

MOORE CR2E083 (11/03)

4. FEI Number ☒ 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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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	Zip Code
FL	

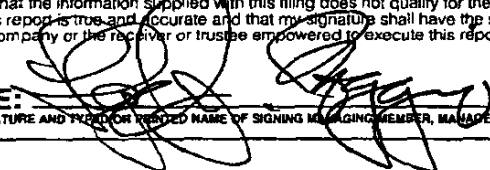
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMBER LLOYD J. BOGGINO 2950 SW 27 Ave # 200 MIAMI, FL 33133	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
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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:  **5-5-2004** **(305) 476-8118**

SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #