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Aug 18, 2004 8:00 am
Secretary of State

07-26-2004 90136 032 ****55.00

7/26/2

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000011676

1. Entity Name
TCG VALENCIA LAKES, LLC

34009967

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

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

07052004 Chg-LLC CR2E083 (10/03)

4. FEI Number 59-3770782 ☐ 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

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

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 2950 SW 27 Ave #200 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #