

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

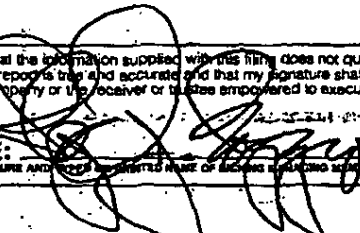
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FILED
Aug 18, 2004 8:00 am
Secretary of State

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

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DOCUMENT # L03000011676			
1. Entity Name TCG VALENCIA LAKES, 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	
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		Zip 33133	
Country USA		Country USA	
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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$50.00 Due by September 8, 2004		Master 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. BOBBIO 2950 SW 27 AVE 200 MIAMI FL 33133	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP MGM Member LLOYD J. BOBBIO 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 AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #			