2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/24/2004-90046-027-$55.00-$55.00

FILED

2004 OCT 12 P 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

24081274

DOCUMENT # L03000018498

1. Entity Name
TCG GREENS AT KENDALL LAKES, LLC

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

07282004 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: Miami FL		City & State: MIAMI FL	
Zip: 33133	Country: USA	Zip: 33133	Country: USA

4. FEI Number: 65-1190404 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCDONOUGH, BRIAN J 150 WEST FLAGLER STREET, SUITE 2200 MIAMI, FL 33130	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	MANAGING MEMBER LLOYD BOGGIO 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	Member Bruce Greer 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: Raul Lopez, Controller 7-21-04 (305)357-4748
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #