2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066240

Entity Name: TRG MEMBER, LLC

LUDEKE, NEAL

340 PEMBERWICK ROAD

() Delete

GREENWICH, CT 06831

RICHMAN, RICHARD P

340 PEMBERWICK ROAD

GREENWICH, CT 06831

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

FILED Jan 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 580 VILLAGE BLVD. SUITE 360 WEST PALM BEACH, FL 33409 **New Mailing Address: Current Mailing Address:** 580 VILLAGE BLVD. SUITE 360 WEST PALM BEACH, FL 33409 FEI Number: 20-1600602 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: **B&C CORPORATE SERVICES OF CENTRAL FLORIDA,** THE RICHMAN GROUP OF FLORIDA, INC. INC. 390 NORTH ORANGE AVENUE THE BRANDYWINE CENTRE I **SUITE 1400** 580 VILLAGE BLVD., SUITE 360 ORLANDO, FL 32801 US WEST PALM BEACH, FL 33409 US 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. SIGNATURE: KRISTIN M. MILLER 01/22/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete MILLER, KRISTIN M Name: Name: 340 PEMBERWICK ROAD Address: Address: City-St-Zip: GREENWICH, CT 06831 City-St-Zip: Title: () Delete Title: () Change () Addition SALZMAN, DAVID Name: Name: Address: 340 PEMBERWICK ROAD Address: City-St-Zip: GREENWICH, CT 06831 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition FABBRI, WILLIAM T Name: Name: 580 VILLAGE BLVD., SUITE 360 Address: Address: City-St-Zip: WEST PALM BEACH, FL 33409 City-St-Zip: Title: () Delete Title: () Change () Addition Name: DODGE, GINA K Name: 340 PEMBERWICK ROAD Address: Address: City-St-Zip: GREENWICH, CT 06831 City-St-Zip: Title: () Delete Title: (X) Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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.

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

COLE, DOREEN

340 PEMBERWICK ROAD

() Change () Addition

GREENWICH, CT 06831

SIGNATURE: KRISTIN M. MILLER PRES 01/22/2009