2006 LIMITED LIABILITY COMPANY

Feb 06, 2006 8:00 am **ANNUAL REPORT Secretary of State DOCUMENT # L04000084059** 02-06-2006 90172 015 ****50.00 1. Entity Name TC WPB EQUITIES LLC Principal Place of Business Mailing Address 55 FIFTH AVENUE, 15TH FLOOR 55 FIFTH AVENUE, 15TH FLOOR NEW YORK, NY 10003 NEW YORK, NY 10003 01062006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-3717350 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SOLOMON, LEE ESQ DO NOT WRITE 19538 BAYVIEW ROAD BOCA RATON, FL 33434 IN THIS SPACE 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 regulred when reinstating) DATE Filing Fee Is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGR TITLE TC EQUITIES HOLDING CORP NAME C/O TEI 55 FIFTH AVENUE STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10003 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

FILED