

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000039864

Entity Name: TCG ACQUISITION, LLC

FILED
Jan 22, 2007
Secretary of State

Current Principal Place of Business:

5900 BROKEN SOUND PARKWAY NW
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

5900 BROKEN SOUND PARKWAY NW
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 52-2458855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: COO () Delete
Name: BAGWELL, KURT
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: SGC () Delete
Name: HUNT, THOMAS P
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: CEO () Delete
Name: STOOPS, JEFFREY A
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: CFO () Delete
Name: MACAIONE, ANTHONY J
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: T () Delete
Name: KLINE, PAMELA J
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: CAO () Delete
Name: CAVANAGH, BRENDAN
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S/GC (X) Change () Addition
Name: HUNT, THOMAS P
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T/V P (X) Change () Addition
Name: KLINE, PAMELA J
Address: 5900 BROKEN SOUND PARKWAY NW
City-St-Zip: BOCA RATON, FL 33487

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: THOMAS P. HUNT

S/GC

01/22/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date