


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90050 042 \*\*\*\*50.00

**DOCUMENT # L05000058995**

1. Entity Name  
 TCG DEERFIELD MALL, L.L.C.



|  |  |
|--|--|
| Principal Place of Business<br>3850 HOLLYWOOD BOULEVARD<br>SUITE 400<br>HOLLYWOOD, FL 33021 US | Mailing Address<br>3850 HOLLYWOOD BOULEVARD<br>SUITE 400<br>HOLLYWOOD, FL 33021 US |
|--|--|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip Country                    | Zip Country         |



04122006 Chg-LLC CR2E083 (11/05)

|  |  |
|--|--|
| 4. FEI Number<br><b>56-2557898</b>   | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                              | <b>\$5.00</b> Additional Fee Required                  |
| <b>6. Name and Address of Current Registered Agent</b>                                 |  |
| CORNFELD, ROBERT M DR.<br>3850 HOLLYWOOD BOULEVARD<br>SUITE 400<br>HOLLYWOOD, FL 33021 |  |
| <b>7. Name and Address of New Registered Agent</b>                                     |  |
| Name   |  |
| Street Address (P.O. Box Number is Not Acceptable)                                     |  |
| City <b>FL</b> 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 reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**Make check payable to  
 Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS                   |   | 10. ADDITIONS/CHANGES                          |   |
|--|---|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGR<br>CORNFELD, ROBERT M DR.<br>3850 HOLLYWOOD BOULEVARD, SUITE 400<br>HOLLYWOOD, FL 33021 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:**

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

*Robert M Cornfeld*  
 Robert M Cornfeld

4/26/06

Date

(954) 989-2200

Daytime Phone #