2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000061528

1. Entity Name
TCG FORT MYERS, L.L.C.

Principal Place of Business	Mailing Address
3850 HOLLYWOOD BOULEVARD SUITE 400 HOLLYWOOD, FL 33021 US	3850 HOLLYWOOD BOULEVARD SUITE 400 HOLLYWOOD, FL 33021 US

DO NOT WRITE IN THIS SPACE

03142007 No Chg-LLC   CR2E083 (11/05)

4. FEI Number	Applied For
56-2557892	Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORNFELD, ROBERT M
3850 HOLLYWOOD BOULEVARD
SUITE 400
HOLLYWOOD, FL 33021

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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 May 1, 2007

U000000718705
05/01/07-80033-008 50.00

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	CORNFELD, ROBERT M
STREET ADDRESS	3850 HOLLYWOOD BOULEVARD - SUITE 400
CITY-ST-ZIP	HOLLYWOOD, FL 33021
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____   3/19/07   (954) 989-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

Robert M Cornfeld