


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

5/9/2006-90009-039-\$55.00-\$55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:39

DOCUMENT # L05000069402								
1. Entity Name TCG COUNTRY WALK, LLC								
Principal Place of Business 2950 S.W. 27TH AVENUE, SUITE 200 MIAMI, FL 33133		Mailing Address 2950 S.W. 27TH AVENUE, SUITE 200 MIAMI, FL 33133						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State						
Zip	Country	Zip	Country	4. FEI Number 20-3194217				
				Applied For Not Applicable				
				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 WEST FLAGLER STREET MIAMI, FL 33130			Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ DATE _____ <small>Signature typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when remaining)</small>								
Filing Fee is \$50.00 Due by May 1, 2006		MANAGING MEMBER		Make check payable to Florida Department of State				
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	MGT. Member	2950 SW 27 AVE	MIAMI, FL 33133					<input type="checkbox"/> Change <input type="checkbox"/> Addition
	Member	2950 SW 27 AVE	MIAMI, FL 33133					<input type="checkbox"/> Change <input type="checkbox"/> Addition
								<input type="checkbox"/> Change <input type="checkbox"/> Addition
								<input type="checkbox"/> Change <input type="checkbox"/> Addition
								<input type="checkbox"/> Change <input type="checkbox"/> Addition
								<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: _____				Date: 4-28-06				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				<small>Date</small>				