2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED May 01, 2006 8:00 am Secretary of State 05-01-2006 90039 003 ****50.00

| DOCUMENT # L05000082057 1. Entity Name TC SUMMER ISLES REALTY, LLC | | | | | | | 05-01-2006 90039 003 ****50.00 | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------|---------------------|--------------------------|----------|---------------------------------------------|----------------------------|----------------------------------|------------------------|---------------------------|--|
| Principal Place of Business 201 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134 | | | Mailing Address 201 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134 | | | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | Suite, Apt. #, etc. | | | 01122006 | Chg-LLC | CR2E083 | (11/05) | | |
| City & State | | | City & State | City & State | | | 4. FEI Numb | Per 20.7 | 354115 | | plied For t Applicable | |
| Zip | Country Zip | | Zip | Zip Country | | | 5. Certificate | e of Status Desire | | 5.00 Add e Required | | |
| | 6. Name | and Address of Current | egistered Agent Name | | | - | 7. Name and Address of New Registered Agent | | | | | |
| FIELDSTON | | | | | | | ; (P.O. Box Number is Not Acceptable) | | | | | |
| 201 ALHAM STE 601 | | | | Street Addre | | | Str. O. Box Nulliber is Not Acceptable) | | | | | |
| CORAL GAI | BLES, FI | _ 33134 | | City | | | ⊏ ¶ ∵ Zip Code | | | | | |
| 8. The above n | named entit | v submits this statement for | or the purpose of changing its | s register | <u> </u> | register | ed agent, or be | oth, in the State of | Florida. I am far | <u> </u> | | |
| the obligations of registered agent. | | | | | | | | | | | | |
| SIGNATURE Signature, typed or priviled name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | | |
| | | is \$50.00 y 1, 2006 | | | | | | | lake check pay rida Departmer | | j | |
| 9, | | MANAGING MEMBI | | 10. | | A: 7 | , | ADDITIO | NS/CHANGES | = | | |
| TITLE NAME | | | ☐ Defele | TITL NAA | | LOV | IALD R. | ALLOST | | Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | | | EET ADDRESS Y-ST-ZIP | 201 | ALHAI RAL GA | MELOSTI MERA CI MCES | gele #6 | 01 34L | | |
| TITLE | | | ☐ Delete | TITL | | | (10 O/K | <u> </u> | <u></u> | Change | Addition | |
| NAME STREET ADDRESS | | | | NAM STR | ME LEET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | | CIT | Y-ST-ZIP | | | | | | | |
| TITLE NAME | | | ☐ Delete | TITE | I | | | | ĺ | Change | Addition | |
| STREET ADDRESS | | | | | HEEF ADDRESS | | | | | | | |
| CITY-S1-ZIP | _ | | ☐ Delete | TITL | Y-ST-ZIP LE | | | | <u> </u> | Change | Addition | |
| NAME | | | | NAN | | | | | | - · | | |
| STREET ADDRESS CITY-ST-ZIP | | | | | REET ADDRESS Y-S1-ZIP | | | | | | | |
| TITLE | | | ☐ Delete | TIT | | | | | i | Change | Addition | |
| NAME STREET ADDRESS | | | | NA/ STR | me Reet address | | | | | | | |
| CITY+ST-ZIP | | | | | Y-ST-ZIP | | | | | Change | Addition | |
| NAME | | | ☐ Delete | TITI NAI | | | | | | Change | Addition | |
| STREET ADDRESS CITY-ST-ZIP | | | | | REET ADDRÉSS Y-S1-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 of trustee empowered to execute his report as required by Chapter 608, Florida Statutes. | | | | | | | | | | | | |
| MACH STOCKED IN SOCIETY | | | | | | | | | | | | |
| SIGNAT | SIGNATURE: SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING MANAGING MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Designed Prices # | | | | | | | | | | | |