

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

05-04-2007 90314 014 ****50.00

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02052007 Chg-LLC CR2E083 (12/06)

DOCUMENT # L05000089378 1. Entity Name TC SIESTA KEY REALTY, LLC			
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 - No P.O. Box # <i>6340 Sunset Drive</i> Suite, Apt. #, etc.		3. Mailing Address <i>6340 Sunset Drive</i> Suite, Apt. #, etc.	
City & State <i>Miami, Florida</i> Zip <i>33143</i>		City & State <i>Miami, Florida</i> Zip <i>33143</i>	
Country		Country	
4. FEI Number 20-3447619		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent FIELDSTONE, RONALD R 201 ALHAMBRA CIRCLE STE 601 CORAL GABLES, FL 33134		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGR	TITLE	MGR
NAME	FIELDSTONE, RONALD R	NAME	<i>Tomas Cabrerizo</i>
STREET ADDRESS	201 ALHAMBRA CIR # 601	STREET ADDRESS	<i>6340 Sunset Drive</i>
CITY - ST - ZIP	CORAL GABLES, FL 33134	CITY - ST - ZIP	<i>Miami, FL 33143</i>
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE		TITLE	MGR
NAME		NAME	<i>Paul A. Lester</i>
STREET ADDRESS		STREET ADDRESS	<i>201 Alhambra Circle #601</i>
CITY - ST - ZIP		CITY - ST - ZIP	<i>Coral Gables, FL 33134</i>
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
Delete <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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: <i>[Signature]</i> TO MAS CABRERIZO MGR. 04/17/07 779.80074			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	