

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000092943

Entity Name: TCG FLORIDA LLC

FILED
May 10, 2006
Secretary of State

Current Principal Place of Business:

12918 DUPONT CIRCLE
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

12918 DUPONT CIRCLE
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: 20-4844696 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NAYLOR, WILLIAM J JR
12918 DUPONT CIRCLE
TAMPA, FL 33626 US

Name and Address of New Registered Agent:

GEORGE, JEFFREY J
12918 DUPONT CIRCLE
TAMPA, FL 33626 US

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.

SIGNATURE: JEFFREY J GEORGE

05/10/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: GEORGE, MARISA J
Address: 12918 DUPONT CIRCLE
City-St-Zip: TAMPA, FL 33626

Title: MGRM () Delete
Name: NAYLOR, WILLIAM J JR
Address: 12918 DUPONT CIRCLE
City-St-Zip: TAMPA, FL 33626

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: GEORGE, JEFFREY J
Address: 12918 DUPONT CIRCLE
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JEFFREY J GEORGE

MGMR

05/10/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date