

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90109 035 \*\*\*\*55.00

<b>DOCUMENT # L06000034791</b>					
<b>1. Entity Name</b> TGC BOCA GP LLC					
<b>Principal Place of Business</b> C/O GOODMAN PROPERTIES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 1101-E WEST PALM BEACH, FL 33401			<b>Mailing Address</b> C/O GOODMAN PROPERTIES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 1101-E WEST PALM BEACH, FL 33401		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 04252007    Chg-LLC    CR2E083 (12/06)	
Zip	Country	Zip	Country	<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SHEWALTER, WILLIAM A C/O GOODMAN PROPERTIES, INC. 777 SOUTH FLAGLER DRIVE, SUITE 1101-E WEST PALM BEACH, FL 33401			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____		
<b>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.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE GOODMAN PROPERTIES, INC. 777 SOUTH FLAGLER DRIVE WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
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<b>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.</b>					
Goodman Properties Inc., manager <b>SIGNATURE:</b> <i>William A. Shewalter</i> April 27, 2007    561-833-3777					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE    Date    Daytime Phone #					
William A. Shewalter, Vice President					

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