2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000042742

1. Entity Name TCP FLORIDA, LLC

Principal Place of Business

3715 NORTHSIDE PKWY

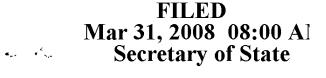
BLDG 200 SUITE 500

ATLANTA, GA 30327



Mailing Address

3715 NORTHSIDE PKWY BLDG 200 SUITE 500 ATLANTA, GA 30327





01042008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-8362575

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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The above named entity submits this statement for the purpose of character of the obligations of registered agent.		oth, in the State of Florida. I am familiar with	
Signature, typed or printed name of registered agent and title if applicable	(NOTE, Registered Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		000000874592 04/11/08-80002-021 13	8,75
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	9.	MANAGING MEMBERS/MANAGERS
	TITLE	MGR
	NAME	TIMBERVEST CROSSOVER PARTNERS, L.P.
	STREET ADDRESS	3715 NORTHSIDE PKWY BLDG 200 SUITE 500
	CITY - ST - ZIP	ATLANTA, GA 30327
	TITLE	
	NAME	
	STREET ADDRESS	
	CITY-SI-ZIP	
	TITLE	
	NAME	
	STREET ADDRESS	
	CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filling 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:

Sand Son

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3/18/08

404-848-1500

Daytime Phone