## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Mar 24, 2008 8:00 am Secretary of State

DOCUMENT # L07000021775  1. Entity Name TRG, L.L.C.						03-24-2008 90236 003 ***138.75		
Principal Place of Business Mailing Address 1577 CLEVELAND ROAD 1577 CLEVELAND R MIAMI BEACH, FL 33141 MIAMI BEACH, FL 33						6001669		IRDA IIK IDDA
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01212008	Chg-LLC	CR2E083 (12/06)		
City & State		City & State		4. FEI Numbe	8702662	<u>  </u>	oplied For ot Applicable	
Zip	Country	Zip	Countr	у		of Status Desired	□ \$5.00 Add Fee Require	
	6. Name and Address of Curren	t Registered Agent		Name	7. Name and	Address of New Re	gistered Agent	
COEEN T	CODD B			Name				
GREEN, TODD R 1577 CLEVELAND ROAD MIAMI BEACH, FL 33141				Street Address (P.O. Box Number is Not Acceptable)				
				City			FL Zip Cod	е
8. The above the obligation SIGNATURE	named entity submits this statement fillions of registered agent.  Signature, typed or printed harne of registered agen					n, in the State of Flor		and accept
			UTE: Registerea /	Agent signature regu	ired when reinstating)		DATE	
FILE After May	E NOW!!! FEE IS \$138.75 / 1, 2008.Fee will be \$538.7		OTE: Registered i	Agent signature requ	ired when reinstating)		check payable to Department of State	e
FILE After May	NOW!!! FEE IS \$138.75	5	T10.	Agent signature requ	ired when reinstating)		check payable to Department of State	e
After May	: NOW!!! FEE IS \$138.75 / 1, 2008 Fee will be \$538.7	5		Agent signature requ	ired when reinstating)	Florida	check payable to Department of State	e Addition
9. TITLE NAME	MANAGING MEMB  MGRM GREEN, TODD	5 ERS/MANAGERS	10.	Agent signature requ	ired when reinstating)	Florida	check payable to Department of State	
9. TITLE NAME STREET ADDRESS	MANAGING MEMB MGRM GREEN, TODD 1577 CLEVELAND ROAD	5 ERS/MANAGERS	10. TITLE NAME STREET	I ADDRESS	ired when reinstating)	Florida	check payable to Department of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING MEMB  MGRM GREEN, TODD	ERS/MANAGERS	10. TITLE NAME STREET CITY-S	I ADDRESS	ired when reinstating)	Florida	check payable to Department of State CHANGES  Change	☐ Addition
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11. Thereby 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.

MANAGER, OR AUTHORIZED REPRESENTATIVE

March 20, 2008 (3/4) 966-8800

Daytime Phone #