


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # L93000000064 1. Entity Name TCC VENEZUELA, L.C.	
--	---

Principal Place of Business
1950 STEMMONS FREEWAY
SUITE 6001
DALLAS, TX 75207

Mailing Address
1950 STEMMONS FREEWAY
SUITE 6001
DALLAS, TX 75207



03172004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0395264	Applied For Not Applicable
------------------------------------	--------------------------------------

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

1100000126280
04/23/04-80027-018 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	CHC HOTELS & RESORTS CORP.
STREET ADDRESS	1950 STEMMONS FREEWAY
CITY - ST - ZIP	DALLAS, TX 75207
TITLE	MGR
NAME	CARNICON HOLDINGS CORP.
STREET ADDRESS	1950 STEMMONS FREEWAY
CITY - ST - ZIP	DALLAS, TX 75207
TITLE	MGR
NAME	TEMLING, W. PETER
STREET ADDRESS	3250 MARY STREET
CITY - ST - ZIP	MIAMI, FL 33133
TITLE	MGR
NAME	HEWITT, THOMAS
STREET ADDRESS	3250 MARY STREET, SUITE 50
CITY - ST - ZIP	MIAMI, FL
TITLE	MEM
NAME	CHC CASINOS CORP.
STREET ADDRESS	3250 MARY STREET, SUITE 500
CITY - ST - ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

 **Mark M. Chloupek**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-2-04 214 883 1000