

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0067764

DOCUMENT # L93000000064

1. Entity Name
TCC VENEZUELA, L.C.



FILED

03 MAY -1 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

1950 STEMMONS FREEWAY
SUITE 6001
DALLAS TX 75207

Mailing Address

1950 STEMMONS FREEWAY
SUITE 6001
DALLAS TX 75207

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME CHC HOTELS & RESORTS CORP.
STREET ADDRESS 1950 STEMMONS FREEWAY
CITY-ST-ZIP DALLAS TX 75207 ☐ Delete

TITLE MGR
NAME CARNICON HOLDINGS CORP.
STREET ADDRESS 1950 STEMMONS FREEWAY
CITY-ST-ZIP DALLAS TX 75207 ☐ Delete

TITLE MGR
NAME TEMLING, W. PETER
STREET ADDRESS 3250 MARY STREET
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE MGR
NAME HEWITT, THOMAS
STREET ADDRESS 3250 MARY STREET, SUITE 50
CITY-ST-ZIP MIAMI FL ☐ Delete

TITLE MEM
NAME CHC CASINOS CORP.
STREET ADDRESS 3250 MARY STREET, SUITE 500
CITY-ST-ZIP MIAMI FL 33133 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
800017848858
05/01/03--01091--009 **50.00

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

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

Date

Daytime Phone #

CR2E083 (10/02)