


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION 30 MAY -3 PM 12:19	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # L97000001074		1a. Principal Place of Business Address	
TGF MIAMI LC % 80 S.W. 8TH STREET, SUITE 2077 MIAMI FL 33130				% 80 S.W. 8TH STREET, SUITE MIAMI FL 33130	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
1221 Brickell Avenue		1221 Brickell Avenue		09/26/1997	
Suite, Apt. #, etc. Suite # 1100		Suite, Apt. #, etc. Suite # 1100		3a. State of Formation FL	
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 65-0786511	
Zip 33131		Zip 33131		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Date of Last Report 05/01/1998	
6. Certificate of Status Desired \$875 Additional Fee Required <input type="checkbox"/>					
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
AGRAMUNT, LUIS 80 S.W. 8TH STREET, SUITE 2077 MIAMI FL 33130		Name Luis Agramunt Street Address (P.O. Box Number is Not Acceptable) 1221 Brickell Avenue Suite, Apt. #, etc. Suite # 1100 City Miami Zip Code FL 33131			
9. Pursuant to the provisions of Sections 608.316 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____		DATE 4-28-99			
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MEM	RAURELL, JOSE CORNET	% 80 S.W. 8TH STREET, SUITE		MIAMI FL	
MEM	GARCIA, PEDRO POZO	% 80 S.W. 8TH STREET, SUITE		MIAMI FL	
mem	Raurell, Jose Cornet	1221 Brickell Ave., #1100		miami, FL 33131	
mem	Garcia, Pedro Pozo	1221 Brickell Ave., #1100		miami, FL 33131	
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11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ DATE: 4-28-99
SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER: JOSE CORNET PCA Daylene Phone # 305-373-5802