

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 27, 2004 8:00 am**  
**Secretary of State**

07-27-2004 90001 037 \*\*\*\*\*50.00

**DOCUMENT # L99000007125**

1. Entity Name  
TCB FLORIDA MULTIFAMILY HOUSING LLC



Principal Place of Business  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

Mailing Address  
95 BERKELEY STREET  
BOSTON, MA 02116

14026908



07222004 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
04-2324773

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

**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 September 8, 2004**

**9. MANAGING MEMBERS/MANAGERS**

TITLE MGRM  
NAME TCB FLORIDA AFFORDABLE HOUSING, INC.  
STREET ADDRESS C/O COMM. BUILDERS, INC., 75 BERKELEY ST.  
CITY-ST-ZIP BOSTON, MA 02116

TITLE  
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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.

By: TCB Florida Affordable Housing, Inc., Member

**SIGNATURE:** James Rushford James Rushford, Assistant Clerk

7/22/04 617 695 9595

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

Date

Daytime Phone #