

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M00000002284

**FILED**  
**Feb 14, 2005**  
**Secretary of State**

**Entity Name:** TCG LAKELAND ASSOCIATES, LLC

**Current Principal Place of Business:**

1012 N. STREET, N.W.  
WASHINGTON, DC 20001

**New Principal Place of Business:**

8484 GEORGIA AVENUE  
SUITE 620  
SILVER SPRING, MD 20910

**Current Mailing Address:**

1012 N. STREET, N.W.  
WASHINGTON, DC 20001

**New Mailing Address:**

8484 GEORGIA AVENUE  
SUITE 620  
SILVER SPRING, MD 20910

**FEI Number:** 52-2275147

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
526 E. PARK AVE.  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

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.

**SIGNATURE:**

02/14/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGR ( ) Delete  
**Name:** BORDENAVE, JAIME  
**Address:** 1012 N. STREET, N.W.  
**City-St-Zip:** WASHINGTON, DC 20001

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** BORDENAVE, JAIME  
**Address:** 8484 GEORGIA AVENUE SUITE 620  
**City-St-Zip:** SILVER SPRING, MD 20910

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** JAIME BORDENAVE

MGR

02/14/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date