


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

503252900911
9/5/2003-90066-002-\$50.00-\$50.00
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 2:50

DOCUMENT # M02000002457

1. Entity Name
TCP-MIRAMAR, LLC



Principal Place of Business
402 EAST GUTIERREZ STREET
SANTA BARBARA CA 93101

Mailing Address
402 EAST GUTIERREZ STREET
SANTA BARBARA CA 93101

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip

8. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

4. FEI Number **APPLIED FOR**
82-0563966

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City, State, Zip Code

9. 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 _____ DATE _____

Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reappointing)

9. MANAGING MEMBERS/MANAGERS

TITLE: **MANAGING MEMBER** Delete

NAME: **TCP-MIRAMAR MANAGER, INC.**

STREET ADDRESS: **21 EAST VICTORIA STREET**

CITY- ST- ZIP: **STE 200 SANTA BARBARA, CA 93101**

10. ADDITIONS/CHANGES

TITLE: Change Addition

NAME: _____

STREET ADDRESS: _____

CITY- ST- ZIP: _____

TITLE: Delete Change Addition

NAME: _____

STREET ADDRESS: _____

CITY- ST- ZIP: _____

TITLE: Delete Change Addition

NAME: _____

STREET ADDRESS: _____

CITY- ST- ZIP: _____

TITLE: Delete Change Addition

NAME: _____

STREET ADDRESS: _____

CITY- ST- ZIP: _____

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: **TCP-MIRAMAR MANAGER, INC.**
ITS MANAGING MEMBER
BY: ROBERT E. KINNEY, JR.
ITS VICE PRESIDENT

SIGNATURE: _____ **8:27:05 805.879.174**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #