


**2004 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 17, 2004 08:00 AM**  
**Secretary of State**

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
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**DO NOT WRITE IN THIS SPACE**



07122004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 82-0563966	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

**Filing Fee is \$50.00 Due by September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TCP-MIRAMAR MANAGER, INC. 21 EAST VICTORIA STREET, SUITE 200 SANTA BARBARA, CA 93101
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 08/17/04-80001-019 50.00

**DO NOT WRITE IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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  
 SIGNATURE: By: Robert L. Skinner ITS: VICE PRESIDENT *Robert L. Skinner*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

*R. 604* (809) 879-1741  
 Date Daytime Phone #