2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

FILED Apr 30, 2005 08:00 AM Secretary of State

DOCUMENT # M02000002457 1. Entity Name TCP-MIRAMAR, LLC			Secretary of State
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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г	OO NOT WRITE IN THIS SPA	CE	01102005 No Chg-LLC CR2E083 (10/03)
DO NOT WHITE IN THIS STA			4. FEI Number Applied For 82-0563966 Not Applicable
			5. Certificate of Status Desired Sea Sequired 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.			
SIGNATURESignature, typod or printed names of registered agent and title if applicable. [NOTE Registered Agent signature required when reinstating]. DATE			
Filing Fee is \$50.00 Due by May 1, 2005 U00000347545 04/30/05-80120-025 50.00			
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	<u></u>	
TITLE NAME STREET ADDRESS CITY-57-ZIP]	
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STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE
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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)(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.			