


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 12, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # M02000002457</b>	
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**



01112007 No Chg-LLC      CR2E083 (11/05)

4. FEI Number <b>82-0563966</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

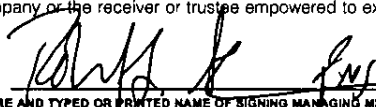
**Filing Fee is \$50.00  
Due by May 1, 2007**

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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04/20/07-80105-002 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

**SIGNATURE:**       **2-28-07**      **05.564.0255**

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