


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90089 023 \*\*\*\*50.00

**DOCUMENT # M04000002672**

1. Entity Name  
 TCG DAYTONA BEACH HOMES, LLC



Principal Place of Business  
 1012 N STREET NW  
 WASHINGTON, DC 20001

Mailing Address  
 1012 N STREET NW  
 WASHINGTON, DC 20001

2. Principal Place of Business  
 8484 GEORGIA AVENUE  
 Suite, Apt. #, etc.  
 SUITE 620  
 City & State  
 SILVER SPRING MD  
 Zip  
 20910  
 Country

3. Mailing Address  
 8484 GEORGIA AVENUE  
 Suite, Apt. #, etc.  
 SUITE 620  
 City & State  
 SILVER SPRING MD  
 Zip  
 20910  
 Country



04082005 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent  
 NRAI SERVICES, INC.  
 2731 EXECUTIVE PARK DRIVE  
 SUITE 4  
 WESTON, FL 33331

4. FEI Number 20-1343602  
 APPLIED FOR  
 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  
 FL Zip Code

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.

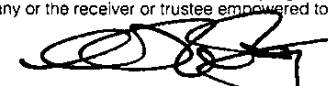
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TCG DEVELOPMENT SERVICES, LLC 1012 N STREET NW WASHINGTON, DC 20001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8484 GEORGIA AVENUE SUITE 620 SILVER SPRING MD 20910
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.

SIGNATURE:  PETER BEHRINGER 4/12/05 301-523-5360  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #