

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000002961

1. Entity Name
TCAM CORE PROPERTY FUND OPERATING GP LLC



Principal Place of Business
730 THIRD AVENUE
NEW YORK, NY 10017

Mailing Address
730 THIRD AVENUE
NEW YORK, NY 10017

DO NOT WRITE IN THIS SPACE



05162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-1364650

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by September 6, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	HELLER, NANCY F
STREET ADDRESS	730 THIRD AVENUE
CITY-STATE-ZIP	NEW YORK, NY 10017
TITLE	MGR
NAME	MORRISON, DAVID
STREET ADDRESS	730 THIRD AVENUE
CITY-STATE-ZIP	NEW YORK, NY 10017
TITLE	MGR
NAME	IVANOV, GEORGI
STREET ADDRESS	730 THIRD AVENUE
CITY-STATE-ZIP	NEW YORK, NY 10017
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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09/05/06-80007-015 50.00

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IN THIS SPACE**

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 608, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Georgi Ivanov 212-916-
09/05/2006-5238