2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# M08000001933

Entity Name: TFMGP 34 LAKEVIEW LLC

Current Principal Place of Business:

1235 N. LOOP, SUITE 1025
HOUSTON, TX 77008

New Principal Place of Business:

330 GARFIELD STRET
SANTA FE, NM 87501

Current Mailing Address:

1235 N. LOOP, SUITE 1025
HOUSTON, TX 77008

New Mailing Address:

330 GARFIELD STRET
SANTA FE, NM 87501

FEI Number: 20-0142590 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENE, ROBERT F
1301 SIXTH AVENUE WEST, SUITE 400
BRADENTON, FL 34205 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GERWIN, PAUL S
Address: 330 GARFIELD STREET
City-St-Zip: SANTA FE, NM 87501

Title: MGR ( ) Delete
Name: KOLBER, FRED
Address: 330 GARFIELD STREET
City-St-Zip: SANTA FE, NM 87501

Title: MGR ( ) Delete
Name: BROWNLOW, IAN
Address: 330 GARFIELD STREET
City-St-Zip: SANTA FE, NM 87501

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: IAN BROWNLOW MGR 04/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date