2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P01000043291

1. Entity Name

TCG GOLF VIEW GARDENS, INC.



Principal Place of Business

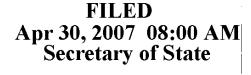
2950 SW 27TH AVENUE

SUITE 200 COCONUT GROVE, FL 33133 Mailing Address

2950 SW 27TH AVENUE

SUITE 200

COCONUT GROVE, FL 33133





DO NOT WRITE IN THIS SPACE

04182007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1100285

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MCDONOUGH, BRIAN J 2200 MUSEUM TOWER 150 W. FLAGLER ST. MIAMI, FL 33130

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8. The above named antity submits the 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 oblide one of redistared age Lloyd J. Boggio

(NOTE, Registered Agent signature required when reinstating)

 \Box

FILE NOW!!! FEB 18 \$150.00 After May 1, 2007 Fee Will be \$550.00 9. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

U00000747137 05/17/07-80010-019 158.75

OFFICERS AND DIRECTORS 10. TITLE NAME GONZALEZ, LUIS STREET ADDRESS 2950 SW 27TH AVENUE SUITE 200 CITY-ST-ZIP COCONUT GROVE, FL 33133 TITLE NAME BOGGIO, LLOYD J STREET ADDRESS 2950 SW 27 AVENUE SUITE 200 CITY-ST-7IP COCONUT GROVE, FL 33133 TITLE GREER, BRUCE NAME STREET ADDRESS 2950 SW 27TH AVENUE SUITE 200 COCONUT GROVE, FL 33133 CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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on supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information seemed report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information indicated on this report or supple of the corporation or the changed, or on an attac

SIGNATURE:

TITLE NAME STREET ADDRESS

Lloyd J. Boggio

Date

Davtime Phone #