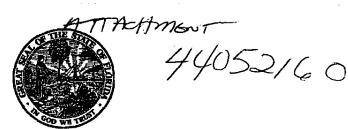
2004 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 18, 2004 8:00 am Secretary of State 07-26-2004 90003 041 ****55.00 DOCUMENT # P03000003157 08-18-2004 90006 041 ****95.00 1. Entity Name TCG FALCON PASS, INC. Principal Place of Business Mailing Address 44052160 2937 S.W. 27TH AVE STE 303 2937 S.W. 27TH AVE STE 303 COCONUT GROVE, FL '33133 COCONUT GROVE, FL 33133 2. Principal Place of Business 3. Mailing Address <u>2950 SW 27AUE</u> 2950 SWZ7*AU*E Suite, Apt. #, etc. Suite, Apt. #, etc. 07052004 CR2E034 (10/03) Chg-P 200 200 Coconut 6 rove Applied For 4. FEI Number City & State COCONUT GROVE 06-1671879 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 33/33 usAFee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCDONOUGH, BRIAN J Street Address (P.O. Box Number is Not Acceptable) 2200 MUSEUM TOWER 150 WEST FLAGER STREET MIAMI, FL 33130. City Zio 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, typed or printed name of registered egent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE 13 \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b); F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE BOGGIE, LLOYD J 2950 SW 27 AUR #200 COCOAUT Grove, FL 33135 MAME MAME 2937 S.W. 27TH AVE STE 303 STREET ADDRESS STREET ADDRESS COCONUT GROVE, FL 33133 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE GREER, BRUCE NAME NAME STREET ADDRESS STREET ADDRESS 2937 S.W. 27TH AVE STE 303 CITY-ST-ZIP COCONUT GROVE, FL 33133 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TOTALE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TIFLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Chance ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information rue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director vered 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 supplem of the corporation or the A SIGNATURE: Daytime Phone

FILED



FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

July 28, 2004

TCG FALCON PASS, INC. 2950 SW 27 AVE 200 COCONUT GROVE, FL 33133

Subject: TCG FALCON PASS, INC.

Reference Number: (

P03000003157

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

The fee to file the enclosed profit annual report/uniform business report is \$150.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$95.00.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

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ANNUAL REPORTS SECTION

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