

**2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1300000290

**Entity Name:** TG DEVELOPMENT I, LLC

**Current Principal Place of Business:**

4000 ISLAND BLVD PH2  
AVENTURA, FL 33160

**Current Mailing Address:**

4000 ISLAND BLVD PH2  
AVENTURA, FL 33160

**FEI Number:** 46-1593063

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

*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

**Authorized Person(s) Detail :**

Title	MGR	Title	VP, ASSOC. GC, ASST. SECRETARY
Name	TGD HOLDINGS I, LLC	Name	DEGNAN, BRIAN
Address	4000 ISLAND BLVD PH2	Address	4000 ISLAND BLVD PH2
City-State-Zip:	AVENTURA FL 33160	City-State-Zip:	AVENTURA FL 33160
Title	CFO, VP	Title	TREASURER, ASST. SECRETARY
Name	SHMUELI, OREN	Name	LILLYCROP, WILLIAM J
Address	4000 ISLAND BLVD PH2	Address	4000 ISLAND BLVD PH2
City-State-Zip:	AVENTURA FL 33160	City-State-Zip:	AVENTURA FL 33160
Title	EVP, ASST. SECRETARY	Title	A-VP, ASST. SECRETARY, ASST. TREASURER
Name	LIEB, JAMES	Name	TORPEY, CARITE
Address	4000 ISLAND BLVD PH2	Address	4000 ISLAND BLVD PH2
City-State-Zip:	AVENTURA FL 33160	City-State-Zip:	AVENTURA FL 33160

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM J LILLYCROP

**TREASURER**

**01/30/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date