


**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
05-05-2003 90691 044 \*\*\*\*50.00  
03 MAY 27 PM 1:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # L01000017672**

1. Entity Name  
**TUSCANY VILLAGE, LLC**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>3225 Aviation Avenue</b> Suite, Apt. #, etc. <b>Suite 700</b> City & State <b>Coconut Grove, FL</b> Zip <b>33133</b> Country <b>USA</b>	3. Mailing Address <b>3225 Aviation Avenue</b> Suite, Apt. #, etc. <b>Suite 700</b> City & State <b>Coconut Grove, FL</b> Zip <b>33133</b> Country <b>USA</b>
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DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1148546</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <b>Housing Trust Group of Florida, L.L.C.</b>
Street Address (P.O. Box Number is Not Acceptable) <b>3225 Aviation Avenue, Suite 700</b>
City <b>Coconut Grove, FL</b> <b>FL</b> Zip Code <b>33133</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and state if applicable.

**FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Stewart Marcus</b> <b>3225 Aviation Avenue, 7th Floor</b> <b>Coconut Grove, FL 33133</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Randy Rieger</b> <b>3225 Aviation Avenue, 7th Floor</b> <b>Coconut Grove, FL 33133</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>W. Peter Temling</b> <b>3225 Aviation Avenue, 7th Floor</b> <b>Coconut Grove, FL 33133</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>Wayne O. Norris</b> <b>3225 Aviation Avenue, 7th Floor</b> <b>Coconut Grove, FL 33133</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 806, Florida Statutes.

SIGNATURE: *W. Peter Temling*      **W. Peter Temling**      4/30/03      (305) 860-8188

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

CR2E083B (12/02)