
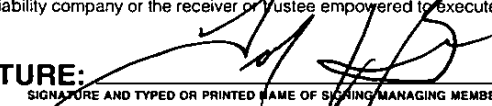


# .2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

2005 APR 25 P 2: 38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L04000017583					
1. Entity Name TUSCAN RESERVE, LLC					
Principal Place of Business 615 CRESCENT EXECUTIVE COURT, SUITE 120 LAKE MARY, FL 32746			Mailing Address 615 CRESCENT EXECUTIVE COURT, SUITE 120 LAKE MARY, FL 32746		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>20-0859971</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
GRAY, N. DWAYNE JR., ESQ C/O GREENSPOON, MARDER, ET AL 136 WEST CENTRAL AVE., SUITE 1100 ORLANDO, FL 32804			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			<b>201 EAST PINE STREET SUITE 500</b>		
			City <b>ORLANDO</b>		State <b>FL</b> Zip Code <b>32801</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BORCK, TODD L 615 CRESCENT EXECUTIVE COURT, SUITE 120 LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>200051121132</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>04/25/05 01012 012</b> <b>55.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WOLF, JONATHAN L 615 CRESCENT EXECUTIVE COURT, SUITE 120 LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LAW, PATRICK E. 615 CRESCENT EXECUTIVE COURT SUITE 120 LAKE MARY, FL 32746	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 608, Florida Statutes.					
SIGNATURE: 				Date <b>4/20/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #	