


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2007 8:00 am
Secretary of State

02-02-2007 90034 031 ****50.00

DOCUMENT # L05000062327

1. Entity Name
TUSCANY STATES, LLC



Principal Place of Business
**3884 NW 124TH AVENUE
 CORAL SPRINGS, FL 33065**

Mailing Address
**3884 NW 124TH AVENUE
 CORAL SPRINGS, FL 33065**

2. Principal Place of Business - No P.O. Box #
12461 NW 44th Street

3. Mailing Address
12461 NW 44th Street


Suite, Apt. #, etc.

City & State
Coral Springs FL

City & State
Coral Springs FL

Zip
33065

Country



01292007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-3523737

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CONESA, JAIME
3884 NW 124TH AVENUE
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent

Name
Conesa, Jaime

Street Address (P.O. Box Number is Not Acceptable)
12461 NW 44th Street

City
Coral Springs

State
FL

Zip Code
33061

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.

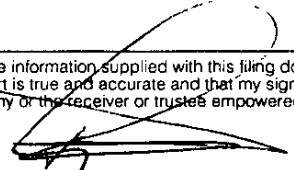
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	P <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONESA, JAIME		NAME		
STREET ADDRESS	1860 NW 124TH WAY		STREET ADDRESS		
CITY - ST - ZIP	POMPANO BEACH, FL 33071		CITY - ST - ZIP		
TITLE	MGR <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONESA, SANTINA		NAME		
STREET ADDRESS	1860 NW 124TH WAY		STREET ADDRESS		
CITY - ST - ZIP	POMPANO BEACH, FL 33071		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 

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

Date: **1/29/07** Daytime Phone #: **NY-227 8353**