


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90067 049 \*\*\*\*50.00

<b>DOCUMENT # L06000029690</b> 1. Entity Name TUSCANY PLACE, LLC	
--	---

Principal Place of Business 702 CARTER ROAD WINTER GARDEN, FL 34787	Mailing Address 702 CARTER ROAD WINTER GARDEN, FL 34787
---	---



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
--	--------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

02022007 Chg-LLC CR2E083 (12/06)

4. FEI Number 06-1773950		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent GRECO, JOSEPH C JR. 702 CARTER ROAD WINTER GARDEN, FL 34787		
7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City		
		FL Zip 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>	Make check payable to <b>Florida Department of State</b>
---	---

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRECO, DEBELLES, CAMERO, CARSA, FLA, INC.	NAME	
STREET ADDRESS	702 CARTER ROAD	STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R & K CONSTRUCTION GROUP, LLC	NAME	
STREET ADDRESS	2221 LEE ROAD, SUITE 15	STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK, FL 32789	CITY-ST-ZIP	
TITLE	MGRM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLM, LLC	NAME	
STREET ADDRESS	6767 HOFFNER ROAD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 328223402	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: Gerard Debelles 2/13/07 407-877-7344  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #