


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90030 042 ***150.00

DOCUMENT # L06000029690			
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 # 89 E BAY ST		3. Mailing Address PO Box 598	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State WINTER GARDEN FL		City & State OCFEE FL	
Zip 34787	Country	Zip 34761-0598	Country
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) 89 E BAY ST City WINTER GARDEN FL Zip Code 34787	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GRECO, DEBELLES, CAMERO, CARZIA, FLA, INC. 702 CARTER ROAD WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 89 E BAY ST
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM R & K CONSTRUCTION GROUP, LLC 2221 LEE ROAD, SUITE 15 WINTER PARK, FL 32789 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1006 W 25th ST SANFORD FL 32771
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GLM, LLC 6767 HOFFNER ROAD ORLANDO, FL 328223402 <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 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: <i>Joseph C Jr. Greco</i>		Date: 4/22/08 407-877-7344	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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