
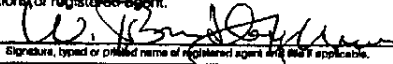
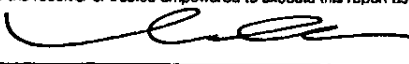


**2009 LIMITED LIABILITY COMPANY  
REINSTATEMENT**

FILED

2009 MAR 17 PM 12:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L06000064244				
1. Entity Name TOSCANA VILLAGE DEVELOPERS, LLC				
Principal Place of Business 209 TOWN CENTER BLVD DAVENPORT, FL 33896 US		Mailing Address 209 TOWN CENTER BLVD DAVENPORT, FL 33896 US		
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	4. FEI Number 20-5108375
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable		
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
MUNROE, W. BRADLEY ESQ. 239 E. VIRGINIA STREET TALLAHASSEE, FL 32301		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 			March 5, 2009	
<small>Signature, typed or printed name of registered agent and RST applicable. (NOTE: Registered Agent signature required when reinstating)</small>			<small>DATE</small>	
FILE NOW!! FEE IS \$377.50			Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VILLAGE PARTNERS TOSCANA, LLC 209 TOWN CENTER BLVD. DAVENPORT, FL 33896 <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	200145571422 03/11/09--01026--022 **382 50	
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	
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 808, Florida Statutes.		REINSTATEMENT - 08-09 C.L.		
SIGNATURE: 		3/16/09		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>		