2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M07000001206

1. Entity Name

INLAND TUSCANY VILLAGE, L.L.C.



FILED Mar 31, 2008 08:00 Al Secretary of State

Principal Place of Business

2901 BUTTERFIELD ROAD C/O INLAND REAL ESTATE CORPORATION OAK BROOK, IL 60523 Mailing Address

2901 BUTTERFIELD ROAD C/O INLAND REAL ESTATE CORPORATION OAK BROOK, IL 60523



DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For Not Applied For Not Applied For Status Desired Status Desired Fee Required

Daylime Phone #

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

| the obligat | tions of registered agent. | | | | |
|--|--|------------------|--|---------|--------|
| SIGNATURE. | Signature, typed or printed name of registered agent and title if applicable | (NOTE Registered | Agent signature required when reinstating) | DAYE | |
| FILE After May | E NOWIII FEE IS \$138.75 y 1, 2008 Fee will be \$538.75 | | 04 | | 138.75 |
| 9. | MANAGING MEMBERS/MANAGERS | | | , | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM INLAND VENTURE CORPORATION 2901 BUTTERFIELD ROAD OAK BROOK, IL 60523 | | | | . • |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| NAME STREET ADDRESS CITY-ST-ZIP | | | DO NO | T WRITE | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN THIS | S SPACE | • |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | , |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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