

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000064723

FILED  
Apr 10, 2007  
Secretary of State

**Entity Name:** VILLAGE PARTNERS TOSCANA, LLC

**Current Principal Place of Business:**

209 TOWN CENTER BLVD.  
DAVENPORT, FL 33896

**New Principal Place of Business:**

**Current Mailing Address:**

209 TOWN CENTER BLVD.  
DAVENPORT, FL 33896

**New Mailing Address:**

**FEI Number:** 20-5108451

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MUNROE, W. BRADLEY ESQ.  
239 E. VIRGINIA STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: CARR INVESTMENTS, LP,  
Address: 209 TOWN CENTER BLVD.  
City-St-Zip: DAVENPORT, FL 33896

Title: MGRM ( ) Delete  
Name: INVESTORS REALTY LTD, ., INC.  
Address: 209 TOWN CENTER BLVD.  
City-St-Zip: DAVENPORT, FL 33896

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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:** JAMES JOHNSON

M

04/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date