


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # A0500000755**

1. Entity Name  
**ALLEGIANCE TUSCANY, LLLP**



Principal Place of Business      Mailing Address

14881 QUORUM DRIVE      14881 QUORUM DRIVE  
 SUITE 950      SUITE 950  
 DALLAS, TX 75254      DALLAS, TX 75254



03242008 No Chg-LP      CR2E003 (12/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For

**20-2724936**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**AMES, CHARLES D**  
**1950 CAPE SOUND DRIVE**  
**FERNANDINA BEACH, FL 32034**

**DO NOT WRITE IN THIS SPACE**

B. 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	L05000036904
NAME	ALLEGIANCE TUSCANY MANAGEMENT, LLC
STREET ADDRESS	14881 QUORUM DRIVE, SUITE 950
CITY-ST-ZIP	DALLAS, TX 75254
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

05/27/08-80043-022:500:00

STAPLE CHECK HERE

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** Charles Ames      4-29-08      214-378-8500  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #