


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Apr 05, 2004 08:00 AM
Secretary of State

DOCUMENT # A00000002043 1. Entity Name TOPPEL TUSCANY, LTD.	
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Principal Place of Business 7900 GLADES ROAD, SUITE 420 BOCA RATON, FL 33434	Mailing Address 7900 GLADES ROAD, SUITE 420 BOCA RATON, FL 33434
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01162004 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1063767		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		

6. Name and Address of Current Registered Agent SAUER, SHERI 7900 GLADES ROAD, SUITE 420 BOCA RATON, FL 33434	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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** _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$2,500,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$ 1,000.00
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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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000107376	STREET ADDRESS	
NAME	TOPPEL MANAGEMENT, INC.	CITY - ST - ZIP	
STREET ADDRESS	7900 GLADES ROAD, SUITE 420		
CITY - ST - ZIP	BOCA RATON, FL 33434		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **Harold Toppel** **3/26/04** **561-451-4696**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE