2005 LIMITED PARTNERSHIP ANNUAL REPORT

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5 Due By May 1, 2005				FILED				
DOCUMENT # A0400000355 1. Entity Name TUSCAN RESERVE, LTD.					APR 26	PM 12: 29		
	1			SEC	CRETARY C AHASSEE	FLORIDA		
Principal Place of Business Mailing Address				IALI	_MUM33CC	, ,		
615 CRESCENT EXECUTIVE COURT, SUITE 120 LAKE MARY, FL 32803 615 CRESCENT EXECUTIVE COULAKE MARY, FL 32803			JRT, SUITE 120	4 40 (0) 1 (0)				
Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.				1 188141: 184: 81	PIII BLULI A BALL OBIIL BE	:HI IIIIIIIII	AL CITEL DINENS EL SEDI	
				04192005 Chg-LP CR2E003 (,		
City & State City & State				4. FEI Number 04 - 36 33	3762		Applied For Not Applicable	
Zip Country	Zip	Country		5. Certificate of	Status Desired		75 Additional Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent					
GRAY, N. DWYANE JR. 1 35 WEST CENTRAL BLVD., SUITE 1100 ORLANDO, FL 32801			Name					
			Street Address (P.O. Box Number is Not Acceptable)					
		ZOI EAST	T PINE	STLEET	SUITE	500		
			ULLHN	City OLLANDO, FLORIDA FL Zip Code 32801				
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 Signature, typed or printed name of registered agent and title if applicable. DATE								
9. Capital Contributions as Shown on record. \$100.00 10. Amount of Capital Contributions in FLORIDA to date.								
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						r.		
DOCUMENT # L04000017583 STREE MADISON GREEN II, LLC STREE			ET ADDRESS					
STREET ADDRESS 615 CRESCENT EXECUTIVE COURT, SUITE 120		- ST- ZIP						
DOCUMENT / LAKE MARY, FL 32803		CYDE	ET ADDRESS			<u></u>		
NAME Street adoress								
CITY-ST-ZIP	CIIY		-ST-7IP					
DOCUMENT / NAME			ET ADDRESS	05/13/	0054 3 10501002	34826 <u>}011 **</u>	:150,00	
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14. Thereby 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: SIGNATURE AND TYPE ON PHINTED HADE OF SIGNING GENERAL PARTNER Date Dat								