2009 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2009

DOCUMENT # A05000000632

1. Entity Name SOFRAN TUSCANY, LTD.



SECRETARY OF STATE

09 JAN 23 PM 2: 13

Principal Place of Business
4312 PABLO PROFESSIONAL CT.

JACKSONVILLE, FL 32224

Maiting Address
4312 PABLO PROFESSIONAL CT.
JACKSONVILLE, FL 32224



DO NOT WRITE IN THIS SPACE

01062009 No Chg-LP CR2E003 (11/08)

4. FEI Number
20-2604415

S. Certificate of Status Desired

Applied For Not Applicable

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROULEAU, ROBERT 4312 PABLO PROFESSIONAL CT. JACKSONVILLE, FL 32224

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The above named entity submits this statement for the purpose of changing its registered office or registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
the obligations of registered agent $X \longrightarrow A$	
CICNATURE	
SIGNATURE Signature, typed or ponted name of registered agent and title if applicable	DATE
FILE NOWIII FEE IS \$500.00	
After May 1, 2009, Fee will be \$900.00	
Aite may 1, 2000, 1 00 Will be \$500.00	

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.

GENERAL PARTNER INFORMATION 12. P00441 DOCUMENT # THE SOFRAN CORPORATION NAME STREET ADDRESS 4312 PABLO PROFESSIONAL CT. CITY - ST-ZIP JACKSONVILLE, FL 32224 DOCUMEN1 # NAME STREET ADDRESS CITY ST- ZIP DOCUMENT # STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS HERE CHTY-ST-ZIP DOCUMENT / STREET ADDRESS CITY-ST-ZIP DOCUMENT #

700141896697 01/23/09--01054--028 **500.00

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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: _-

NAME STREET ADDRESS CITY-ST-ZIP

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Robert Rouleau

01/16/2009

(904) 821-8098

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