


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 08 MAY 15 PM 3:00

DOCUMENT # A98000002188 1. Entity Name VIA TUSCANY APARTMENTS ASSOCIATES, LTD.	
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Principal Place of Business 265 NORTH JOY STREET SUITE 200 CORONA, CA 92879	Mailing Address 265 NORTH JOY STREET SUITE 200 CORONA, CA 92879
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
	Country	



03042008 Chg-LP CR2E003 (12/06)

6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 EAST PARK AVENUE TALLAHASSEE, FL 32301	7. Name and Address of New Registered Agent Name: <u>Business Filings Corp.</u> Street Address (P.O. Box Number is Not Acceptable): <u>1203 Governors Square Blvd.</u> <u>Ste 109</u> <u>Tallahassee, FL</u> Zip Code: <u>32301-2960</u>
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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 _____

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

DATE _____

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

000129201120
 05/13/08--01017--003 **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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	L03000018958	STREET ADDRESS	
NAME	TD TUSCANY LLC	CITY - ST - ZIP	
STREET ADDRESS	265 NORTH JOY STREET, SUITE 200		
CITY - ST - ZIP	CORONA, CA 92879		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

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: [Signature] CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

4.18.08 951-5208898

STAPLE CHECK HERE