

2001 UNIFORM BUSINESS REPORT (UBR)

0023391 AF

DOCUMENT # L00000002003

1. Entity Name
TUSCAN VILLAGE, LLC

FILED

01 JAN 29 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2220 HEMPEL AVENUE, SUITE A
GOTHA FL 34734-0735

Mailing Address
2220 HEMPEL AVENUE, SUITE A
GOTHA FL 34734-0735

2. Principal Place of Business

3. Mailing Address

P.O. Box 735

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Gotha, FL

4. FEI Number

59-3630548

Applied For

Not Applicable

Zip

Country

Zip

Country

34734-0735

USA

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FENN, RONALD E
2220 HEMPEL AVENUE, SUITE A
GOTHA FL 34734-0735

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10.

ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
FENN, RONALD E
2220 HEMPEL AVENUE, SUITE A
GOTHA FL 34734-0735

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400003631874-3
-02/02/01--01134--018
*****50.00 *****50.00
Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Delete

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Change Addition

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Change Addition

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CITY-ST-ZIP
Delete

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Change Addition

11. 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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

Ronald E Fenn
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-22-01

407/298-8740

Date

Daytime Phone #

CR2E083 (11/00)