
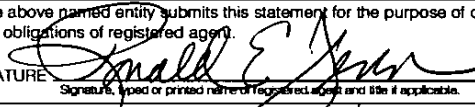
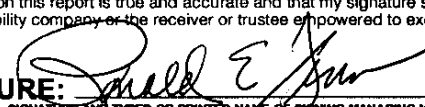


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 09, 2006 8:00 am**  
**Secretary of State**

01-09-2006 90049 019 \*\*\*\*50.00

<b>DOCUMENT # L00000002003</b>					
<b>1. Entity Name</b> TUSCAN VILLAGE, LLC					
<b>Principal Place of Business</b> 214 S. DILLARD STREET WINTER GARDEN, FL 34787			<b>Mailing Address</b> PO BOX 108 WINDERMERE, FL 34786		
<b>2. Principal Place of Business</b> 7758 WALLACE ROAD Suite, Apt. #, etc. Suite F			<b>3. Mailing Address</b> Suite, Apt. #, etc.		
<b>City &amp; State</b> ORLANDO, FL			<b>City &amp; State</b>		
<b>Zip</b> 32819		<b>Country</b> USA		<b>4. FEI Number</b> 59-3630548	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> FENN, RONALD E 214 S DILLARD STREET WINTER GARDEN, FL 34787					
<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) 7758 WALLACE ROAD Suite F City ORLANDO FL Zip Code 32819					
<b>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.</b> SIGNATURE  <u>Ronald E. Fenn, Managing member</u> 1-5-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2006</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	MGRM FENN, RONALD E 214 S DILLARD ST WINTER GARDEN, FL 34787	TITLE NAME STREET ADDRESS CITY - ST - ZIP 7758 WALLACE ROAD, Suite F ORLANDO, FL 32819			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	Change Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	Change Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	Change Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	Change Addition			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Delete	Change Addition			
<b>11. 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 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.</b>					
SIGNATURE:  <u>Ronald E. Fenn Member</u> 1-5-06 407-352-8002 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					