


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 22, 2007 08:00 AM
Secretary of State**

DOCUMENT # L00000002003 1. Entity Name TUSCAN VILLAGE, LLC	
--	---

Principal Place of Business 7758 WALLACE ROAD SUITE F ORLANDO, FL 32819	Mailing Address PO BOX 108 WINDERMERE, FL 34786
---	---

DO NOT WRITE IN THIS SPACE



01152007No Chg-LLC

CR2E083 (11/05)

4. FEI Number 59-3630548	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent FENN, RONALD E 7758 WALLACE ROAD SUITE F ORLANDO, FL 32819
--

**DO NOT WRITE
IN THIS SPACE**

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. (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FENN, RONALD E 7758 WALLACE ROAD, SUITE F ORLANDO, FL 32819
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000594293
01/22/07-80065-020 50.00

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.

SIGNATURE:  **1/16/07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #