FILED

Mar 13, 2002 8:00 am Secretary of State

03-13-2002 90098 038 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000008099 1. Entity Name

TUSCANY VILLAGE III, LLC

Prin	cipal Pi	ace of	Business
			0011711

Mailing Address

, , , , , , , , , , , , , , , , , , ,		maming / taan boo		l l					
235 OCALA ROAD SOUTH TALLAHASSEE FL 32304		P.O. BOX 2535 TALLAHASSEE FL 32316-	P.O. BOX 2535 TALLAHASSEE FL 32316-2535						
					: 28 11 0 11 1 811 18 14 19 04 11 18 14 18 1	AN GENER BRIEF BRE	EL IBIO BERID	191(1.18) (191	
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WR	ITE IN THIS SE	PACE		
City & State		City & State	City & State		lumber APPLIED	FOR		pplied For]
Zip	Country	Zip	Country		637146		55.00 Ad	ot Applicable	1
F	<u> </u>	,	,	5. Certif	icate of Status Desired		ee Require		
	6. Name and Address of Current	Registered Agent	Name	7. Name	and Address of New I	Registered A	gent		-
150	ONU CYEVEN M		name					<u></u>	
235	DNI, STEVEN M		-Street-Add	rese (P.O. Box N	lumber-is Not Acceptab	le) ====================================	~		
	LAHASSEE FL 32304		f						1
			City	· <u> </u>		FI	Zip Coo	ne	}
 						FL]
8. The above	named entity submits this statement for	or the purpose of changing it	s registered office or re	gistered agent, o	or both, in the State of Fl	orida.			
CICNATION									
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NO	TE: Registered Agent signature r	equired when reinstatir	ng)	DATE			1
		FILE N	OW!!! FEE IS \$50	0.00					
		l l	ayable to Departme	ent of State					
		DtDt	ue By May 1, 2002						
9.	MANAGING MEMBI	 	10.		ADDITIONS	/CHANGES			- [
TITLE NAME	MGRM	☐ Delete	TITLE NAME				Change	Addition	CR2E083 (9/01)
STREET ADDRESS	LEONI, STEVEN M 235 OCALA RD. SOUTH		STREET ADDRESS						83
CITY-ST-ZIP	TALLAHASSEE FL 32303		CITY-ST-ZIP						띪
TITLE	MEM	☐ Delete	TITLE				[] Change	Addition	8
NAME	LEONI, RENE N		NAME						}
STREET ADORESS CITY-ST-ZIP	592 VIA VERONA	•	STREET ADDRESS CITY-ST-ZIP						
	DEERFIELD BEACH FL 33442		<u>`</u>				[7] Channa	[] Addition	{
TITLE NAME		☐ Delete	TITLE NAME				Change	Addition Addition	
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP		·	CITY-ST-ZIP]
TITLE		☐ Delete	TITLE	ور المراجعة			Change_	Addition	
NAME STREET ADDRESS			NAME STREET ADDRESS						1
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE		· · · · · · · · · · · · · · · · · · ·	<u> </u>	Change	Addition	
NAME			NAME				-		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP						}
TITLE NAME		☐ Defete	TITLE NAME				Change	Addition	}
STREET ADDRESS			STREET ADDRESS						1
CITY_ST_7IP			CITY ST 7ID						l

11. I hereby certify that the information supplied with this filling 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 tryingled empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

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