

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90534 043 \*\*\*\*50.00

**DOCUMENT # L00000008099**

1. Entity Name  
TUSCANY VILLAGE III, LLC



Principal Place of Business  
235 OCALA ROAD SOUTH  
TALLAHASSEE, FL 32304

Mailing Address  
P.O. BOX 2535  
TALLAHASSEE, FL 32316-2535

20020100



**DO NOT WRITE IN THIS SPACE**

02032005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3659746

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

LEONI, STEVEN M  
2020 WEST PENSACOLA ST.  
SUITE #27  
TALLAHASSEE, FL 32304

**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, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	LEONI, STEVEN M
STREET ADDRESS	235 OCALA RD. SOUTH
CITY-ST-ZIP	TALLAHASSEE, FL 32303
TITLE	MEM
NAME	LEONI, RENE N
STREET ADDRESS	592 VIA VERONA
CITY-ST-ZIP	DEERFIELD BEACH, FL 33442
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:** \_\_\_\_\_

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

Date

Daytime Phone #

3-15-05 5803121