

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 11, 2004 8:00 am**  
**Secretary of State**

05-11-2004 90001 008 \*\*\*\*50.00

**DOCUMENT # L01000011715**

1. Entity Name  
TUSCANY RIDGE, LLC



Principal Place of Business  
2933 WEST STATE ROAD 434, SUITE 131  
LONGWOOD, FL 32779

Mailing Address  
2933 WEST STATE ROAD 434, SUITE 131  
LONGWOOD, FL 32779

**24071543**



2. Principal Place of Business

6000 Metro West Blvd

Suite, Apt. #, etc.

Suite 105

City & State

Orlando FL

Zip

32835

Country

USA

3. Mailing Address

6000 Metro West Blvd

Suite, Apt. #, etc.

Suite 105

City & State

Orlando FL

Zip

32835

Country

USA

04302004

Chg-LLC

CR2E083 (10/03)

4. FEI Number  
59-3735321

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

TATICH, PHILIP  
2933 W. SR 434, SUITE 131  
341 N. MAITLAND AVE., SUITE 340  
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

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. 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, 2004**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME KANTOR, JOSEPH  
STREET ADDRESS 2933 W. SR 434, SUITE 131  
CITY-ST-ZIP LONGWOOD, FL 32779

TITLE MGRM ☐ Delete  
NAME ZIV, MOSHE  
STREET ADDRESS 144 W. 77TH ST.  
CITY-ST-ZIP NEW YORK, NY 10023

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6000 Metro West Blvd Suite 105  
CITY-ST-ZIP Orlando FL 32835

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 6000 Metro West Blvd Suite 105  
CITY-ST-ZIP Orlando FL 32835

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Joseph Kantor Managing Member