
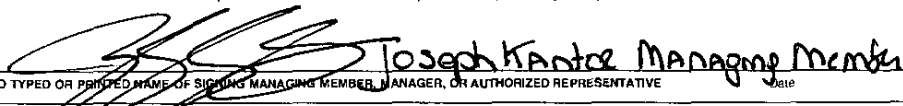


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

05-11-2004 90001 009 ****50.00

DOCUMENT # L01000013194					
1. Entity Name WESCOTT AT 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		
2. Principal Place of Business 6000 MetroWest Blvd Suite 105 Orlando FL Zip 32835 Country USA			3. Mailing Address 6000 MetroWest Blvd Suite 105 Orlando FL Zip 32835 Country USA		
4. FEI Number 59-3735322			04302004 Chg-LLC CR2E083 (10/03)		
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>		
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 _____ State 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 _____ (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			10. ADDITIONS/CHANGES		
TITLE _____ NAME KANTOR, JOSEPH STREET ADDRESS 2933 W. SR 434, SUITE 131 CITY-ST-ZIP LONGWOOD, FL 32779	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS 6000 MetroWest Blvd suite 105 CITY-ST-ZIP Orlando FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME ZIV, MOSHE STREET ADDRESS 144 W. 77TH ST. CITY-ST-ZIP NEW YORK, NY 10023	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS 6000 MetroWest Blvd suite 105 CITY-ST-ZIP Orlando FL 32835	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete		TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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:  Joseph Kantor Managing Member					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE _____ Date _____ Daytime Phone # _____					