


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000013194</b> 1. Entity Name <b>WESCOTT AT TUSCANY RIDGE, LLC</b>	
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Principal Place of Business <b>6000 METROWEST BLVD SUITE 105 ORLANDO, FL 32830</b>	Mailing Address <b>6000 METROWEST BLVD SUITE 105 ORLANDO, FL 32830</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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03292007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>59-3735322</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>TATICH, PHILIP 2933 W. SR 434, SUITE 131 341 N. MAITLAND AVE., SUITE 340 LONGWOOD, FL 32779</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM KANTOR, JOSEPH 6000 METROWEST BLVD SUITE 105 ORLANDO, FL 32830</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM ZIV, MOSHE 6000 METROWEST BLVD STE 105 ORLANDO, FL 32830</b>
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<p>U000000725039 05/03/07-80006-007 50.00</p> <b>DO NOT WRITE IN THIS SPACE</b>
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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.

<b>SIGNATURE:</b> _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE</small>	Date _____	Daytime Phone # _____
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