

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L01000017672

1. Entity Name

TUSCANY VILLAGE, LLC



FILED

05-05-2003 90691 044 \*\*\*\*\*50.00  
03 MAY 27 PM 1:36

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
3225 Aviation Avenue

Suite, Apt. #, etc.  
Suite 700

City & State  
Coconut Grove, FL

Zip  
33133

Country  
USA

3. Mailing Address  
3225 Aviation Avenue

Suite, Apt. #, etc.  
Suite 700

City & State  
Coconut Grove, FL

Zip  
33133

Country  
USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1148546

Applied For  
Not Applicable

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

7. Name and Address of Current Registered Agent

Name Housing Trust Group of Florida, L.L.C.

Street Address (P.O. Box Number is Not Acceptable)

3225 Aviation Avenue, Suite 700

City Coconut Grove, FL

FL

Zip Code  
33133

**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 state if applicable.

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Stewart Marcus 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Randy Rieger 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR W. Peter Temling 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Wayne O. Norris 3225 Aviation Avenue, 7th Floor Coconut Grove, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 806, Florida Statutes.

SIGNATURE:

*W. Peter Temling*

W. Peter Temling

4/30/03

(305) 860-8188

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

Date

Daytime Phone #

CR2E083B (12/02)