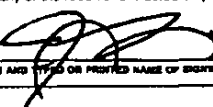


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
May 26, 2006 8:00 am
Secretary of State

03-16-2006 90025 025 ****50.00

DOCUMENT # L01000020306																											
1. Entity Name TUSCANY AT DAVIE, LLC																											
Principal Place of Business 2840 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 US		Mailing Address 2840 UNIVERSITY DRIVE CORAL SPRINGS, FL 33065 US																									
2. Principal Place of Business		3. Mailing Address																									
Suite, Apt. #, etc.		Suite, Apt. #, etc.																									
City & State		City & State																									
Zip	Country	Zip	Country																								
4. FEI Number 04-3587166		Applied For Not Applicable																									
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required																									
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent																									
GILLESPIE, REES B III 1515 SOUTH FEDERAL HIGHWAY SUITE 300 BOCA RATON, FL 33432		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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)																											
Filing Fee is \$60.00 Due by May 1, 2006		Make check payable to Florida Department of State																									
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES																									
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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 606, Florida Statutes.																											
SIGNATURE: 		DAVID LEVINE 2/23/06 954-755-1775																									
MANAGING MEMBER																											