

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

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90243 030 \*\*\*\*55.00

**DOCUMENT #** L01000022040

1. Entity Name

TOSCANY LAND ACQUISITION COMPANY, L.L.C.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

27 S. Orange Avenue

3. Mailing Address

27 S. Orange Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
Sarasota, FL

City & State  
Sarasota, FL

4. FEI Number  
02 0556240

Applied For  
Not Applicable

Zip  
34236

Country  
USA

Zip  
34236

Country  
USA

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

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name  
Robert M. Johnson

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

27 S. Orange Avenue

City  
Sarasota

FL

Zip Code  
34236

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

**FEE IS \$50.00**

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

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Luigi Rastrelli  
27 S. Orange Avenue  
Sarasota, FL 34236

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

CR2E083B (12/01)

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:**

*Rastrelli*

4-11-02 941-955-5800

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

Date

Daytime Phone #