

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90012 013 ****50.00

0041029

DOCUMENT # L01000022040

1. Entity Name

TOSCANY LAND ACQUISITION COMPANY, L.L.C.



Principal Place of Business

**27 SOUTH ORANGE AVENUE
SARASOTA FL 34236**

Mailing Address

**27 SOUTH ORANGE AVENUE
SARASOTA FL 34236**

2. Principal Place of Business

200 South Orange Avenue

3. Mailing Address

200 South Orange Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

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**

6. Name and Address of Current Registered Agent

**JOHNSON, ROBERT M
27 SOUTH ORANGE AVENUE
SARASOTA FL 34236**

7. Name and Address of New Registered Agent ~

Name

Moore, John L.

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

200 South 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3/24/03

DATE

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete
NAME **RASTRELLI, LUIGI**
STREET ADDRESS **27 S ORANGE AVENUE**
CITY-ST-ZIP **SARASOTA FL 34236**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGRM** ☒ Change ☐ Addition
NAME **Rastrelli, Luigi**
STREET ADDRESS **811 Paradise Way**
CITY-ST-ZIP **Sarasota, FL 34242**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 608, Florida Statutes.

SIGNATURE:

REQUIRED

3/24/03

(941) 3496239

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

Date

Daytime Phone #

CR2E083 (10/02)