2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L02000033080

1. Entity Name
THE TUSCAN, LLC

Principal Place of Business

27 S. ORCHARD STREET STE, B ORMOND BEACH, FL 32174

Mailing Address

27 S. ORCHARD STREET STE, B ORMOND BEACH, FL 32174

FILED May 03, 2004 08:00 AM Secretary of State



04282004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number	
<u>26</u> -00 <u>5</u> 7350	_

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

PYLE, MICHAEL A

DO	NOT	WRITE
IN '	THIS	SPACE

1265 W. GRANADA BOULEVARD STE. 1 ORMOND BEACH, FL 32174		IN THIS SPACE
8. The above the obligat	named entity submits this statement for the purpose of changing its registions of registered agent.	ered office or registered agent, or both, in the State of Florida I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agree and tale if applicable. (NOTE: Regist	ered Agent signature required when reinstating) DATE
	iling Fee is \$50.00 ue by May 1, 2004	- r
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR VISCOMI, VINCENT 27 S ORCHARD STE STE B ORMOND BEACH, FL 32174	U00000153684 05/04/04-80136-016 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
NAME STREET ADDRESS CITY+ST-ZIP		DO NOT WRITE
NAME SIREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME S <i>TREET ADDRESS</i> CITY-ST-ZIP		
TITLE NAME STREET ADDRESS GITY-ST-ZIP		
11. I hereby of indicated limited lia	certify that the information supplied with this fulfig does not qualify for the e on this report is true and accurate and that my signature shall have the sa ibility company or the receiver or pastee perpoyeered to execute this report	exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information time legal effect as if made under oath, that I am a managing member or manager of the as required by Chapter 608, Florida Statutes.

SIGNATURE: