

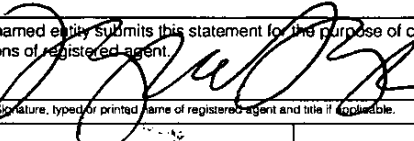
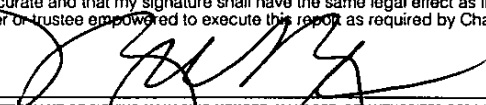


**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

60038348

DOCUMENT # L02000033779				05-02-2008 90022 027 ***138.75	
1. Entity Name TUSCANY COMMONS OFFICE, LLC					
Principal Place of Business 333 SOUTH TAMiami TRAIL, SUITE 101 VENICE, FL 34285		Mailing Address 333 SOUTH TAMiami TRAIL, SUITE 101 VENICE, FL 34285			
2. Principal Place of Business - No P.O. Box # 333 South Tamiami Trail Suite, Apt. #, etc.		3. Mailing Address 333 South Tamiami Trail Suite, Apt. #, etc.		60038348 	
Suite 203 City & State Venice, FL Zip 34285		Suite 203 City & State Venice, FL Zip 34285		04302008 Chg-LLC CR2E083 (12/06)	
Country US		Country US		4. FEI Number 56-2312727	
6. Name and Address of Current Registered Agent MILLER, MICHAEL W 333 SOUTH TAMiami TRAIL, SUITE 101 VENICE, FL 34285		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 333 South Tamiami Trail, Suite 203 City Venice Zip Code FL 34285			
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 5/1/08 (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR MILLER, MICHAEL W 333 SOUTH TAMiami TRAIL, SUITE 101 VENICE, FL 34285			TITLE NAME STREET ADDRESS CITY-ST-ZIP 333 South Tamiami Trail, Suite 203 Venice, FL 34285		
Delete			Change Addition		
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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 608, Florida Statutes. SIGNATURE:  DATE 5/1/08 944-441-1651 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #					