FILED
May 25, 2004 8:00 am
Secretary of State
05-03-2004 90130 003 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000001837

1. Entity Name
VILLAS OF TOSCANA, L.L.C.

34007300

04122004 Chg-LLC CR2E083 (10/03)

Principal Place of Business	Mailing Address
3009 BARCELONA STREET, SUITE B TAMPA, FL 33629	3009 BARCELONA STREET, SUITE B TAMPA, FL 33629

2. Principal Place of Business	3. Mailing Address
2506 S MACDILL AVE.	
Suite, Apt. #, etc.: SUITE A	Suite, Apt. #, etc.
City & State: TAMPA, FL	City & State
Zip: 33629 Country	Zip Country

4. FEI Number: 65-1175431 ☐ 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
LANDCRAFT DEVELOPMENT, INC. 3009 BARCELONA STREET, SUITE B TAMPA, FL 33629	Name: Street Address (P.O. Box Number is Not Acceptable): 2506 S. MACDILL AVE. SUITE A City: TAMPA FL Zip Code: 33629

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) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MANAGING MEMBER ☐ Delete	TITLE	☐ Change ☒ Addition
NAME	LANDCRAFT DEVELOPMENT INC.	NAME	
STREET ADDRESS	2506 S. MACDILL AVENUE	STREET ADDRESS	
CITY-ST-ZIP	TAMPA, FL 33629	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: [signature] 4/30/04 (813) 902.0598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #