# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 25, 2004 8:00 am**
**Secretary of State**

05-03-2004 90130 003 ****50.00

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04122004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000001837

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

| Principal Place of Business | Mailing Address |
|---|---|
| 3009 BARCELONA STREET, SUITE B<br>TAMPA, FL 33629 | 3009 BARCELONA STREET, SUITE B<br>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.<br>3009 BARCELONA STREET, SUITE B<br>TAMPA, FL 33629 | Name:<br>Street Address (P.O. Box Number is Not Acceptable): 2506 S. MACDILL AVE.<br>SUITE A<br>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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MANAGING MEMBER<br>LANDCRAFT DEVELOPMENT INC.<br>2506 S. MACDILL AVENUE<br>TAMPA, FL 33629 ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☑ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | ☐ Change ☐ Addition |
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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:** _____ 4/30/04 (813) 902.0598
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #