

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT


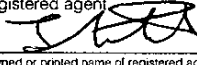

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Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90029 011 ****50.00

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04172006 Chg-LLC CR2E083 (11/05)

DOCUMENT # L03000007860					
1. Entity Name TOSCANACCIO, LLC					
Principal Place of Business 110 E. BROWARD BLVD., STE. 1900 FT. LAUDERDALE, FL 33301			Mailing Address 110 E. BROWARD BLVD., STE. 1900 FT. LAUDERDALE, FL 33301		
2. Principal Place of Business 1802 N. UNIVERSITY DR Suite, Apt. #, etc. 102-A		3. Mailing Address 1802 N. UNIVERSITY DR Suite, Apt. #, etc. 102-A			
City & State PLANTATION, FL		City & State PLANTATION, FL			
Zip 33322	Country USA	Zip 33322	Country USA	4. FEI Number 81-0601750	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent PONSARD, JONATHAN 110 E BROWARD BLVD STE 1900 FORT LAUDERDALE, FL 33301				5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable) 1802 N. UNIVERSITY DR 102-A	
				City PLANTATION	
				FL	
				Zip Code 33322	
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: 		SONATHAN PONSARD		DATE: 4/17/06	
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, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PONSARD, JONATHAN 110 E BROWARD BLVD STE 1900 FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	1802 N. UNIVERSITY DR 102-A PLANTATION, FL 33322
		<input type="checkbox"/> Delete			
		<input type="checkbox"/> Delete			
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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: 		JONATHAN PONSARD		DATE: 04-17-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone # 954 332 3321	