


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-16-2007 90354 012 \*\*\*\*50.00

<b>DOCUMENT # L03000016757</b>			
1. Entity Name <b>TUSCANY DISTRIBUTORS, LLC</b>			
Principal Place of Business <b>250 N DIXIE HWY BAY 9 HOLLYWOOD, FL 33020</b>		Mailing Address <b>250 N DIXIE HWY BAY 9 HOLLYWOOD, FL 33020</b>	
2. Principal Place of Business - No P.O. Box # <b>230 N. DIXIE HWY.</b>		3. Mailing Address <b>230 N. DIXIE HWY.</b>	
Suite, Apt. #, etc. <b># 30</b>		Suite, Apt. #, etc. <b># 30</b>	
City & State <b>HOLLYWOOD - FL</b>		City & State <b>HOLLYWOOD - FL</b>	
Zip <b>33020</b>	Country <b>USA</b>	Zip <b>33020</b>	Country <b>USA</b>



04132007 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>20-0023420</b>		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
CURINO, STEFANIA 250 NORTH DIXIE HIGHWAY, BAY #9 HOLLYWOOD, FL 33020		Name <b>CURINO STEFANIA</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>1235 SW 46TH AVE., # 710</b>	
		City <b>POMPANO BEACH</b>	FL Zip Code <b>33069</b>

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

**04-14-07**

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURINO, STEFANIA 1915 NORTH OCEAN DR. HOLLYWOOD, FL 33018	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CURINO STEFANIA 1235 SW 46TH AVE., # 710 POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

**04-14-07**