

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L03000018958

1. Entity Name
TD TUSCANY, LLC



Principal Place of Business
265 NORTH JOY STREET, SUITE 200
CORONA, CA 92879

Mailing Address
265 NORTH JOY STREET, SUITE 200
CORONA, CA 92879

FILED
May 01, 2007 08:00 AM
Secretary of State



01042007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

AMERICAN INFORMATION SERVICES, INC.
ONE SOUTHEAST THIRD AVENUE, 28TH FLOOR
MIAMI, FL 33131

**DO NOT WRITE
IN THIS SPACE**

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, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAY, THOMAS A 265 N JOY ST SUITE 200 CORONA, CA 92879
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000751685
05/18/07-80112-003 50.00

**DO NOT WRITE
IN THIS SPACE**

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: _____

Signature and typed or printed name of signing managing member, or authorized representative

4.26.07 951-5208898

Date

Daytime Phone #