

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000026356

FILED
Apr 23, 2007
Secretary of State

Entity Name: VIA TUSCANY DEVELOPMENT, LLC

Current Principal Place of Business:

4567 TIGUA ISLAND COURT
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

4567 TIGUA ISLAND COURT
WINTER PARK, FL 32792

New Mailing Address:

P.O. BOX 2117
GOLDENROD, FL 32733

FEI Number: 20-0120778

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODRUFF, RICHARD W
4567 TIGUA ISLAND COURT
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: WOODRUFF, RICHARD W
Address: 4567 TIGUA ISLAND CT.
City-St-Zip: WINTER PARK, FL 32792

Title: MGR () Delete
Name: BENNETT, LANCE
Address: 1431 GOLFSIDE DRIVE
City-St-Zip: WINTER PARK, FL 32792

Title: MGR () Delete
Name: WOODRUFF, NANCY M
Address: 4567 TIGUA ISLAND CT.
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: RICHARD W. WOODRUFF

MGR

04/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date