2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L03000035795

1. Entity Name
TUSCANY SHOPPES, LLC

Principal Place of Business	Mailing Address
675 NORTH BEACH STREET ORMOND BEACH, FL 32174	675 NORTH BEACH STREET ORMOND BEACH, FL 32174

20059602

DO NOT WRITE IN THIS SPACE

05182005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number		Applied For
26-1452083		Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLUB, PAUL F JR.
675 NORTH BEACH STREET
ORMOND BEACH, FL 32174

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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 September 7, 2005

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	HOLUB, PAUL F JR.
STREET ADDRESS	675 NORTH BEACH STREET
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE

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: _____   5/24/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #