2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2007
Secretary of State

DOCUMENT# L04000041096

Entity Name: TUSCANNIE PROPERTIES, LLC

Current Principal Place of Business:

3807 E. PALIFOX STREET
TAMPA, FL 33610

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 2351
ZEPHYRHILLS, FL 33539

New Mailing Address:

FEI Number: 20-1189154 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SINGER, BERNARD A ESQ
3107 STIRLING ROAD, SUITE 105
FORT LAUDERDALE, FL 33312 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: BERLONGIERI, ROSETTA
Address: 9220 PINE ISLNAD COURT
City-St-Zip: TAMPA, FL 33647

Title: MGRM ( ) Delete
Name: KAWAUCHI, RONALD
Address: 9220 PINE ISLAND COURT
City-St-Zip: TAMPA, FL 33647

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BERLONGIERI, ROSETTA
Address: P.O. BOX 340
City-St-Zip: THONOTOSASSA, FL 33592

Title: MGRM (X) Change ( ) Addition
Name: KAWAUCHI, RONALD
Address: PO BOX 340
City-St-Zip: THONOTOSASSA, FL 33592

I hereby certify that the information supplied with this filing does not qualify 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: RONALD KAWAUCHI MGRM 05/20/2007

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