## 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L0400060175  1. Entity Name TUSCANY SQUARE, LLC							FILED 08 JUL 24 PM 1:58				
Principal Plac		S	Mailing Address 424 LUNNA BELLA LN			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
133 NEW SMYRNA BEACH, FL 32168			133 New Smyrna Beach, FL 32168			TALLAMASSLE					
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			06052008			(13.) (2.)		
City & State			City & State				4. FEI Numl			083 (12/06) A	pplied For
Zip	Zip Country		Žip Coun		ntry		20-25		, n	\$5.00 Ad	ot Applicable
	6. Name and Address of Current F		Registered Agent					e of Status Desired d Address of New	, <u> </u>	Fee Require	
ISBBY 16			- Bell		Name						
JERRY, JOHNSON-S 424 LUNNA BELLA LN 133					Street Address (P.O. Box Num			ber is Not Accepta	ble)		
	RNA BEA	CH, FL 32168									
				City	FL Zip Code					·	
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 tide if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE											
Amended AR is \$50.00								ake check p ida Departm	-	e	
9.		MANAGING MEMBE		10.		Mana		ADDITION	S/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	424 LUNN	I, SR, JERRY S A BEŁLA LN #133 RNA BEACH, FŁ 3216	Delete	E IE EET ADDRESS '-ST-ZIP	Vene 424	enager enetian Bay Development, Inc. 24 Luna Bella Lane #133 ew Smyrna Beach, FL 32168				Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JOBALIA, 84 6 RIVEI ORMOND		Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Deleie 1171 NA S11 C11						700133229557 OAdditio 07/21/0801063010 **50.00				
TITLE NAME STREET ADORESS CRY-ST-ZIP			☐ Delete	1						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CHY-ST-ZIP			☐ Delete							Change	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 of the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE: Jerry S. Johnson, Sr., President (Venetian Bay  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  Development, Inc.)  Date  Date  Dayline Proce											