

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 25, 2008 8:00 am**  
**Secretary of State**

04-25-2008 90029 009 \*\*\*138.75

**DOCUMENT # L04000088084**

1. Entity Name  
TUSCANY PLAZA, L.L.C.



Principal Place of Business  
4002 DEL PRADO BLVD.  
CAPE CORAL, FL 33904

Mailing Address  
4002 DEL PRADO BLVD.  
CAPE CORAL, FL 33904

**60029092**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03212008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number  
20-2224234

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEE, ROBERT A JR.  
5618- 202 CAPE HARBOUR DRIVE  
CAPE CORAL, FL 33914

Name

Street Address (P.O. Box Number is Not Acceptable)

4002 DEL PRADO BLVD SOUTH

City CAPE CORAL

FL

Zip Code 33904

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

4/1/08

**FILE NOW! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE MGR ☐ Delete  
NAME LEE, ROBERT A JR.  
STREET ADDRESS 4002 DEL PRADO BLVD.  
CITY - ST - ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE MGR ☐ Delete  
NAME CIRRONE, PHIL  
STREET ADDRESS 4002 DEL PRADO BLVD.  
CITY - ST - ZIP CAPE CORAL, FL 33904

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/1/08 2392747000