

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 25, 2007 08:00 AM
Secretary of State

DOCUMENT # L04000088513		
1. Entity Name TOSCANO INVESTMENTS, L.L.C.		
Principal Place of Business 2504 ABBIE ELIZABETH CT GULF BREEZE, FL 32563		Mailing Address 2504 ABBIE ELIZABETH CT GULF BREEZE, FL 32563
DO NOT WRITE IN THIS SPACE		
		01162007 No Chg-LLC CR2E083 (11/05)
		4. FEI Number 20-1903188
		Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required
6. Name and Address of Current Registered Agent DALGADO, DARYL J 2504 ABBIE ELIZABETH CT GULF BREEZE, FL 32563		DO NOT WRITE IN THIS SPACE
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 renewing) DATE _____		
Filing Fee is \$50.00 Due by May 1, 2007		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GINA, DELGADO B 2504 ABBIE ELIZABETH CT GULF BREEZE, FL 32563	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DELGADO, DARYL J 2504 ABBIE ELIZABETH CT GULF BREEZE, FL 32563	
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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: <u><i>Gina Delgado</i></u>		<u>4/1/2007</u> <u>8604340377</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #