

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Jun 05, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90036 004 \*\*\*\*55.00

<b>DOCUMENT # L05000002851</b> 1. Entity Name <b>WEST TUSCANY LLC</b>					
Principal Place of Business <b>14201 S.W. 139TH COURT MIAMI FL 33186</b>			Mailing Address <b>14201 S.W. 139TH COURT MIAMI FL 33186</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>20-2540090</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>SCHIMMEL, ROBERT L 3191 CORAL WAY, PH-2 MIAMI FL 33145</b>				7. Name and Address of New Registered Agent Name <b>Maria E. Santos</b> Street Address (P.O. Box Number is Not Acceptable) <b>14201 SW 139th Ct</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33186</b>	
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: <u><i>Maria Santos</i></u> <b>Maria Santos</b> DATE: _____ <small>(NOTE: Registered Agent signature required when transferring)</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM WEST TUSCANY INVESTMENTS, INC. 14201 S.W. 139TH COURT MIAMI FL 33186 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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>[Signature]</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date: <b>4/20/06</b> <b>305-281-0740</b> <small>Daytime Phone</small>		