


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L05000021004 1. Entity Name TOLL-RATTLESNAKE, LLC	
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Principal Place of Business 28341 TAMiami TRAIL, SUITE 4 BONITA SPRINGS, FL 34134 US	Mailing Address 28341 TAMiami TRAIL, SUITE 4 BONITA SPRINGS, FL 34134 US
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DO NOT WRITE IN THIS SPACE

FILED
07 JUL 25 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07182007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-4037661	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

REINERT, RALPH
28341 TAMiami TRAIL, SUITE 4
BONITA SPRINGS, FL 34134

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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

**Filing Fee is \$50.00
Due by September 14, 2007**

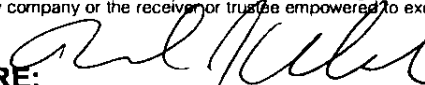
BK

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SEMBLER FAMILY PARTNERSHIP #42, LTD. 5858 CENTRAL AVENUE ST. PETERSBURG, FL 33707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR TOLL FL VII LIMITED PARTNERSHIP 250 GILBRALTER ROAD HORSHAM, PA 19044
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  **Mark J. Warshauer, VP of Toll FL GP Corp.,
General Partner of Toll FL VII Limited
Partnership, Manager** 7/23/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #