2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Mar 27, 2006 8:00 am Secretary of State

Change

Addition

DOCUMENT # L05000038311 1. Enlity Name TUSCAN ESTATES, LLC				03-14-2006 90202 027 ****50	00.0
		Mailing Address 400 VILLAGE SQUARE PALM BEACH GARDENS		30003415	•••
Principal Place of Business		3. Mailing Address			
Suite, Apt. 4, etc.		Suite, Apt. #, etc.		03082006 Chg-LLC CR2E083 (11/05)	
City & State		City & State		4. FEI Number Applied F	
Zip	Country	Zip	Country	5. Certificate of Status Desired 55.00 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent	
NADEAU ADAMS, DONNA			Name		
400 VILLAGE SQUARE CROSSING, STE. 2D PALM BEACH GARDENS, FL 33410			Street Addres	ss (P.O. Box Number is Not Acceptable)	
*					
		City	FL Zip Code		
8. The above	named entity submits this statement tions of registered agent	for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am famillar with, and ac	cept
	and the distance and the same a	<i></i>		3/24/06	
SIGNATURE	Signature, hipped or crimted name of regretared age	ni and title il applicable. (NOTE	E: Registered Agent signature requ		-
F	iling Fee is \$50.00 ue by May 1, 2006			Make check payable to Florida Department of State	
9.	MANAGING MEME				
		BERS/MANAGERS	10.	ADDITIONS/CHANGES	
TITLE	MGRM	BERS/MANAGERS	TITLE		ddition
NAME	MGRM NADEAU ADAMS, DONNA	☐ Detete	TITLE . NAME		ddition
1	MGRM NADEAU ADAMS, DONNA 400 VILLAGE SQUARE CROS	☐ Detete SING, STE. 2D	TITLE		ddition
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11. Thereby 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE: 3/8/06 561-624-9480

Daytime and typed or Printed name of Biology Manager, Manager, or authorized Representative Date Daytime Prove 6





FLORIDA DEPARTMENT OF STATE Division of Corporations

March 16, 2006

TUSCAN ESTATES, LLC 2446 SW FOXPOINT TRAIL PALM CITY, FL 34990 US

Subject: TUSCAN ESTATES, LLC

Reference Number:

L05000038311

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Please complete Block 4 by entering your Federal Employer Identification (FEI) number or by checking the appropriate box. If "APPLIED FOR" is preprinted in Block 4, you MUST now provide the FEI number. A Social Security number is not considered to be the same as the FEI number. For FEI number assistance, call the IRS at (800) 829-1040.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE ANNUAL REPORTS SECTION