

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000042086

Entity Name: TUSCANY VILLAS, LLC

FILED  
May 31, 2008  
Secretary of State

**Current Principal Place of Business:**

5603 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

**Current Mailing Address:**

5603 HOLLYWOOD BOULEVARD  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

FEI Number: 01-0834336      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

PAVILACK, DANIEL V  
780 NE 199 STREET  
UNIT #E-206  
NORTH MIAMI BEACH, FL 33179 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PAVILACK, DANIEL V  
Address: 780 NE 199 STREET #E-206  
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: MGRM ( ) Delete  
Name: PAVILACK, MYRNA A  
Address: 470 NE 142 STREET  
City-St-Zip: NORTH MIAMI, FL 33161 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DANIEL V PAVILACK

MM

05/31/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date