## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 10, 2008 8:00 am Secretary of State

DOCUMENT # L05000047604  1. Entity Name TUSCANO, LLC							04-10-2008 90127 006 ***138.75				
Principal Plac	e of Business		Mailing Address								
4315 PABLO OAKS COURT 4315 PABLO OAKS CO								00001	- 4 2		
SUITE 1 SUITE 1 JACKSONVILLE, FL 32224 JACKSONVILLE, FL 32				51 00004	224			60021	545		
JACK20NVILL	.E, FL 3222	:4	JACKSONVILLE, F	TL 32224				I DIGA DUNI SENS BERNI BERN		111   1116   2011   210	<b>11</b> 1 (# 1 <b>11</b> 1
Principal Place of Business - No P.O. Box #     Mailing Add				3							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				03252008	Chg-LLC	CR2E	083 (12/06)	
City & State			City & State			ļ	4. FEI Number Applied For 20-2847824 Not Applicable				
Zip	Zip Country		Zip	Country			5 Certificate of Status Desired 5			\$5.00 Add	
	6. Name	and Address of Current	Registered Agent	, <u> </u>	Ì		7. Name and	Address of New R	egistered		
		<u>.                                      </u>			Name						
SLG MANAGEMENT SERVICES, LLC					Street Ac	treet Address (P.O. Box Number is Not Acceptable)					
4315 PABLO OAKS COURT SUITE 1						Sireet Address (F.O. Box Number is Not Acceptable)					
JACKSON	VILLE, FL	32224									
					City			FL	FL Zip Code		
8. The above	named entity	y submits this statement fo	r the purpose of chang	ging its register	I ed office or	registere	ed agent, or both	h, in the State of Flo	rida. Lam	familiar with,	and accept
the obligat	ions of jegis	ered agent.	-/-/-/-		<del>/</del>	7					
SIGNATURE .	1/10	Lady & Col	the incen	1 1	Ta,	HU	37				
<del></del>	Signature, typed	or printed harne of registered agent	and title il applicable.	(NOTE: Registere	d Ageni signatui	ne reduised /	when reinstating)		DATE		
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75											
			<b>,</b>							payable to nent of State	e
After May		Fee will be \$538.75		10.		<del> </del>		Florida	Departm	ent of State	<b>e</b>
				10.					Departm	ent of State	e ☐ Addilion
After May	7 1, 2008 I	Fee will be \$538.75	RS/MANAGERS			<del></del>		Florida	Departm	nent of State	
9. TITLE NAME STREET ADDRESS	CHMN STOKES, 4315 PAB	MANAGING MEMBE  E. CHESTER JR  ILO OAKS COURT, SU	RS/MANAGERS	ie title Nam Stre	et address			Florida	Departm	nent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHMN STOKES, 4315 PAB JACKSON	Fee will be \$538.75  MANAGING MEMBE  E. CHESTER JR	RS/MANAGERS  Delet  ITE 1	IE TITLE NAM STRE	E Et address -St-Zip			Florida	Departm	Change	☐ Addition
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	CHMN STOKES, 4315 PAB JACKSON PRES	MANAGING MEMBE  E. CHESTER JR  ILO OAKS COURT, SU  IVILLE, FL 32224	RS/MANAGERS	IE TITLE NAM STRE CITY	ET ADDRESS -ST-ZIP	<u> </u>		Florida	Departm	nent of State	
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	CHMN STOKES, 4315 PAB JACKSON PRES GRIFFITH	MANAGING MEMBE  E. CHESTER JR ILO OAKS COURT, SU IVILLE, FL 32224	RS/MANAGERS  Delet  TE 1  Delet	le TITLE NAM STRE CITY  Le TITLE NAM	ET ADDRESS -ST-ZIP			Florida	Departm	Change	☐ Addilion
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