2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L05000049028

1. Entity Name
TUSCAN VILLAS AT BOYNTON BEACH, LLC

Principal Place of Business	Mailing Address
631 US HIGHWAY 1, STE #220 NORTH PALM BEACH, FL 33408	631 US HIGHWAY 1, SUITE # 220 NORTH PALM BEACH, FL 33408

DO NOT WRITE IN THIS SPACE

03112008No Chg-LLC CR2E083 (12/07)

4. FEI Number
74-3146010
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

COHEN, GREGORY R
712 U.S. HIGHWAY ONE, STE 400
N. PALM BEACH, FL 33408

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

000000858008
04/02/08-80004-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	PAISLEY, JAMES
STREET ADDRESS	631 US HIGHWAY 1, SUITE 200
CITY-ST-ZIP	NORTH PALM BEACH, FL 33408
TITLE	MGR
NAME	HERNANDEZ, ROBERT
STREET ADDRESS	1400 NORTHPOINT PKWY # 20
CITY-ST-ZIP	WEST PALM BEACH, FL 33407
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: _____ MGR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #