


**2007 LIMITED LIABILITY COMPANY-
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

| | |
|-------------------------------------|---|
| DOCUMENT # L05000078044 |  |
| 1. Entity Name TUSCANY FIVE, LLC | |

| | |
|---|--|
| Principal Place of Business 277 GALEON COURT CORAL GABLES, FL 33143 | Mailing Address 13 SW 7 ST MIAMI, FL 33130 |
|---|--|

DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC CR2E083 (11/05)

| | |
|---|--------------------------------|
| 4. FEI Number 20-3275533 | 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

ROSEN, WAYNE
277 GALEON COURT
CORAL GABLES, FL 33143

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____


**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ROSEN, WAYNE 277 GALEON COURT CORAL GABLES, FL 33143 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM LATTERNER, MICHAEL 13 SW 7 ST MIAMI, FL 33130 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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05/15/07-80121-006 50:00

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 registered agent or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE  4/24/07 305.372.1266

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #