

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084949

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: TUSCANO MANAGEMENT SERVICES, LLC

**Current Principal Place of Business:**

4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224

**New Principal Place of Business:**

**Current Mailing Address:**

4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224

**New Mailing Address:**

FEI Number: 20-3371164

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SLG MANAGEMENT SERVICES, LLC  
4315 PABLO OAKS COURT  
SUITE 1  
JACKSONVILLE, FL 32224 US

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

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: CHN ( ) Delete  
Name: STOKES, E. CHESTER JR  
Address: 4315 PABLO OAKS CRT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: P ( ) Delete  
Name: SCOTT, GRIFFITH R  
Address: 4315 PABLO OAKS CRT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VP ( ) Delete  
Name: KUNKEL, JOHN C  
Address: 4315 PABLO OAKS CRT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPT ( ) Delete  
Name: FREDENHASEN, SHARON W  
Address: 4315 PABLO OAKS CRT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: VPS ( ) Delete  
Name: HOLM, MALLROY GAYLE  
Address: 4315 PABLO OAKS CRT  
City-St-Zip: JACKSONVILLE, FL 32224

Title: AS ( ) Delete  
Name: LAWARRE, JOY L  
Address: 4315 PABLO OAKS CRT  
City-St-Zip: JACKSONVILLE, FL 32224

**ADDITIONS/CHANGES:**

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

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

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

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

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: MALLORY GAYLE HOLM

VPS

04/17/2009

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