

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000084949

FILED
Apr 22, 2010
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: VP
Name: VANZANT, CHRIS
Address: 4315 PABLO OAKS CRT
City-St-Zip: JACKSONVILLE, FL 32224

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

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

Title: VPT
Name: FREDENHASSEN, SHARON W
Address: 4315 PABLO OAKS CRT
City-St-Zip: JACKSONVILLE, FL 32224

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

Title: VP
Name: MOORE, JOHN P
Address: 4315 PABLO OAKS CRT
City-St-Zip: JACKSONVILLE, FL 32224

I hereby 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

VP

04/22/2010

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