

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000087394

FILED  
Jan 22, 2008  
Secretary of State

Entity Name: TUSCAN POINTE DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

8551 WEST SUNRISE BLVD., SUITE 210  
PLANTATION, FL 33322

**New Principal Place of Business:**

390 PONDELLA ROAD  
UNIT 9  
NORTH FORT MYERS, FL 33903

**Current Mailing Address:**

8551 WEST SUNRISE BLVD., SUITE 210  
PLANTATION, FL 33322

**New Mailing Address:**

390 PONDELLA ROAD  
UNIT 9  
NORTH FORT MYERS, FL 33903

FEI Number: 59-3816623

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CHENKIN, DAVID  
8551 WEST SUNRISE BLVD., SUITE 210  
PLANTATION, FL 33322 US

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

DANILO, FIOR  
390 PONDELLA ROAD  
UNIT 9  
NORTH FORT MYERS, FL 33903 US

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: DANILO FIOR

01/22/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FIOR, DANILO  
Address: 8551 WEST SUNRISE BLVD., SUITE 210  
City-St-Zip: PLANTATION, FL 33322

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: FIOR, DANILO  
Address: 390 PONDELLA ROAD, UNIT 9  
City-St-Zip: NORTH FORT MYERS, FL 33903

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: DANILO FIOR

MGR

01/22/2008

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