2006 LIMITED LIABILITY COMPANY

FILED May 03, 2006 8:00 am Secretary of State

941-441-1382

ANNUAL REPORT	
DOOLINENT #1.05000404040	

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING M

05-03-2006 90034 049 ****50.00 DOCUMENT # L05000104319 WATERFORD TUSCANY COMMONS D. LLC Mailing Address Principal Place of Business 60035552 333 SOUTH TAMIAMI TRAIL, SUITE 101 333 SOUTH TAMIAMI TRAIL, SUITE 101 VENICE, FL 34285 VENICE, FL 34285 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03162006 Chg-LLC CR2E083 (11/05) 4. FEI Number City & State City & State Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 333 SOUTH TAMIAMI TRAIL, SUITE 101 VENICE, FL 34285 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE Delete TITLE ☐ Change ■ Addition MILLER, MICHAEL W NAME NAME STREET ADDRESS 333 SOUTH TAMIAMI TRAIL, SUITE 101 STREET ADDRESS VENICE, FL 34285 CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with misfilling does not qualify for the indicated on this report is true and accurate and that any signature shall have the limited liability company of the receiver of rustee employeered to execute this ren. he exemptions contained in Chapter 119, Florida Statutes. I further certify that the information he same legist effect as if made under oath; that I am a managing member or manager of the appart as a fouried by Chapter 608, Florida Statutes.

NAGING MEMBER, MANAGER, O

AUTHORIZED REPRESENTATIVE