2008 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Secretary of State
04-28-2008 90030 042 ***150.00

DOCUMENT # L06000029690 1. Entity Name
TUSCANY PLACE, LLC 60029450 Principal Place of Business Mailing Address 702 CARTER ROAD 702 CARTER ROAD WINTER GARDEN, FL 34787 WINTER GARDEN, FL 34787 3. Mailing Address
POBOL 598 2. Principal Place of Business - No P.O. Box # 89 E BA4 51 Suite, Apt. #, etc. Suite, Apt. #, etc. 04222008 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For FL WINTER GARDEN 06-1773950 Not Applicable Zip 3º4787 Country \$5.00 Additional 5. Certificate of Status Desired \Box 34761-0598 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRECO, JOSEPH C JR. Street Address (P.O. Box Number is Not Acceptable) **702 CARTER ROAD** WINTER GARDEN, FL 34787 City IN TEX 6 ANDON Zip Code **3478** 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) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE ☐ Delete TITLE Change ☐ Addition GRECO, DEBELLES, CAMERO, CARSIA, FLA, INC. NAME 89 EBA45T 702 CARTER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 CITY-ST-ZIP MGRM □ Delete TITLE Change ☐ Addition R & K CONSTRUCTION GROUP, LLC NAME NAME w 25 th 51 STREET ADDRESS 2221 LEE ROAD, SUITE 15 STREET ADDRESS SANFOND FL 32771 CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ■ Addition GLM, LLC NAME NAME 6767 HOFFNER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 328223402 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

IG MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE