2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L06000073294

1. Entity Name
TOSCANO SHORE HOLDINGS, LLC



FILED Feb 21, 2008 08:00 A Secretary of State

Principal Place of Business

218 EAST BEARSS AVE # 409 TAMPA, FL 33613 US Mailing Address

218 E BEARSS AVENUE # 409 TAMPA, FL 33613 US



02132008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number NOT APPLICABLE Applied For Not Applicat

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCAGLIONE, RONALD E 218 E BEARSS AVE # 409 TAMPA, FL 33613

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The above named entity submits this statement for the purpose of chathe obligations of registered agent.	anging its registered office or registered agent, or both, in the	State of Florida. I am familiar with, and acce	
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE	
FILE NOW!!! FEE IS \$138.75			

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

8. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCAGLIONE, RONALD E 218 E BEARSS AVE # 409 TAMPA, FL 33613
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS GITY-SI-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	al

MANAGING MEMBERS/MANAGERS

U00000834045 02/28/08-80036-019 138.75

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^{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 accounte 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 pecanyer of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.