


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90461 011 ****50.00

DOCUMENT # L06000112826	
1. Entity Name TOSCANO 716, LLC	

Principal Place of Business 1111 KANE CONCOURSE OFFICE #305 BAY HARBOR ISLAND, FL 33154	Mailing Address 1111 KANE CONCOURSE OFFICE #305 BAY HARBOR ISLAND, FL 33154
--	--



2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

03062007 Chg-LLC CR2E083 (12/06)

City & State	City & State
Zip	Country

4. FEI Number 20-5924114	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	---

6. Name and Address of Current Registered Agent	
GBS CONSULTANTS 1290 WESTON ROAD, SUITE 306 WESTON, FL 33326	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 reconstituting) DATE

**Filing Fee is \$50.00
 Due by May 1, 2007**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE	MGR <input type="checkbox"/> Delete
NAME	FAJARDO, FREDDY ORLANDO
STREET ADDRESS	1111 KANE CONCOURSE OFFICE #305
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154
TITLE	MGR <input type="checkbox"/> Delete
NAME	PINANGO, MAGALY ESPEJO
STREET ADDRESS	1111 KANE CONCOURSE OFFICE #305
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154
TITLE	MGR <input type="checkbox"/> Delete
NAME	MIGDALIA FAJARO, CARMEN
STREET ADDRESS	1111 KANE CONCOURSE OFFICE #305
CITY-ST-ZIP	BAY HARBOR ISLAND, FL 33154
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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.

SIGNATURE: *Migdalía Fajaro* MGR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/6/2007 786 202 3609
Date Daytime Phone #