

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118283

Entity Name: TUSCANY SECURITY, LLC

FILED
Apr 17, 2007
Secretary of State

Current Principal Place of Business:

28089 VANDERBILT DRIVE
SUITE 201
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

28089 VANDERBILT DRIVE
SUITE 201
BONITA SPRINGS, FL 34134

New Mailing Address:

FEI Number: 20-8030312

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HUNT, STEVEN C
28089 VANDERBILT DRIVE
SUITE 201
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: P/T () Change (X) Addition
Name: HUNT, STEVEN C
Address: 28089 VANDERBILT DRIVE #201
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VP () Change (X) Addition
Name: CERNOHOUS, RONALD A
Address: 28089 VANDERBILT DRIVE #201
City-St-Zip: BONITA SPRINGS, FL 34134

Title: S () Change (X) Addition
Name: POSEY, DIANA L
Address: 28089 VANDERBILT DRIVE #201
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the 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: STEVEN C. HUNT

P/T

04/17/2007

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