


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

2/1

FILED
Apr 18, 2008 8:00 am
Secretary of State

02-28-2008 90101 043 ***138.75

DOCUMENT # L07000080100					
1. Entity Name TUSCAN RIVER, LLC					
Principal Place of Business 10825 TOM FOLSON ROAD THONOTOSASSA, FL 33592-2709			Mailing Address P.O. BOX 290435 TEMPLE TERRACE, FL 33687-0435		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 26-0906372	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent SIDNEY ELLIOTT, PAUL 2701 W. BUSCH BLVD., SUITE 133 TAMPA, FL 33618-4578			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR/M	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	Hugh Mac Donald		NAME		
STREET ADDRESS	10825 Tom Folsom Rd		STREET ADDRESS		
CITY - ST - ZIP	Thonotosassa, FL 33592		CITY - ST - ZIP		
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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 606, Florida Statutes.					
SIGNATURE: Hugh Mac Donald			Date: 02-19-08		
SIGNATURE AND TYPED (OR PRINTED) NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Daytime Phone: 4968		

JUUU2400



02152008 Chg-LLC CR2E083 (12/06)

Applied For
Not Applicable

3. Certificate of Status Desired \$5.00 Additional Fee Required

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