

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000019437

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** TOSCANO PROPERTIES LLC

**Current Principal Place of Business:**

264 CRYSTAL GROVE BLVD.  
C/O DAVID E. HAMMER, P.A.  
LUTZ, FL 33548 US

**New Principal Place of Business:**

28461 US HIGHWAY 19 NORTH  
CLEARWATER, FL 33761 US

**Current Mailing Address:**

264 CRYSTAL GROVE BLVD.  
C/O DAVID E. HAMMER, P.A.  
LUTZ, FL 33548 US

**New Mailing Address:**

28461 US HIGHWAY 19 NORTH  
CLEARWATER, FL 33761 US

**FEI Number:** 26-2019521

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DAVID E. HAMMER, P.A.  
264 CRYSTAL GROVE BLVD.  
LUTZ, FL 33548 US

**Name and Address of New Registered Agent:**

MICHAEL PETERS  
28461 US HIGHWAY 19 NORTH  
CLEARWATER, FL 33761 US

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: MICHAEL PETERS

01/10/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PETERS, MICHAEL  
Address: 28461 US HIGHWAY 19 NORTH  
City-St-Zip: CLEARWATER, FL 33761 US

I hereby 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: MICHAEL PETERS

MGRM

01/10/2011

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