2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# L08000074630

Entity Name: TOSCANNE PROPERTIES LLC

Current Principal Place of Business:

TRIDENT CHAMBERS, WICKHAMS CAY
P.O.BOX 146, ROAD TOWN
TORTOLA, BVI, XX XXXXX XX

New Principal Place of Business:

TRIDENT CHAMBERS, WICKHAMS CAY
ROAD TOWN, TORTOLA, BVI, XX XXXXX XX

Current Mailing Address:

TRIDENT CHAMBERS, WICKHAMS CAY,
P.O.BOX 146, ROAD TOWN
TORTOLA, BVI, XX XXXXX XX

New Mailing Address:

TRIDENT CHAMBERS, WICKHAMS CAY
ROAD TOWN, TORTOLA, BVI, XX XXXXX XX

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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: MGR ( ) Delete
Name: EAS INTERNATIONAL LI, MITED
Address: ROAD TOWN
City-St-Zip: TORTOLA, BVI, XX XXXXX XX

Title: MGRM ( ) Delete
Name: EAS INTERNATIONAL LI, MITED
Address: ROAD TOWN
City-St-Zip: TORTOLA, BVI, XX XXXXX XX

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: NEUZA AZEVEDO LEMBI DE FARIA MGR 02/09/2009

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