File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 12 PM 3: 47 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Short March Stoff Name and Mailing Address of Limited Liability Company TALLAHASSEE, FLORIDA **DOCUMENT # 198000000946** 1a. Principal Place of Business Address TUSCANY DEVELOPMENT, L.L.C. 2197 RINGLING BOULEVARD 2197 RINGLING BOULEVARD SARASOTA FL 34237 SARASOTA FL 34237 3. Date Organized or Qualified 3a. State of Formation 2a. Mailing Address 2 Principal Place of Business 07/02/1998 Suite, Apt. #, etc. Suite, Apt #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country \$6.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office LAMBRECHT, WILLIAM G 200 SOUTH ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 Suite Apt # elc Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations SIGNATURE. (Hege terral Agent Accepting Appointment) (NOT). Registered Agent signature in greed when resistating City, State and Zip Code **Business Street Address** 10. Title Managing Members/Managers MGR LEWIS, JERRY D 2197 RINGLING BOULEVARD SARASOTA FL MGR ELLIOTT, ROBERT H 4240 PALACIO DRIVE SARASOTA FL 1 dooo2842881--# -04/16/93--01104--017 ****188,75 ****188,79 11 Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3) (i), Florida Statutes. Hurther certify that the information

Indicated on this annual report is true and accurate and that my signature shall have the same legal effect as it made under oath, that I am a managing member or manager of the limited hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an

MATURE AND TYPED OR PHINTED NAME OF SIGNIES MICRARY FY MEMILISCON MANAGER

4/6/3 (941) 927.1114 Department

INHSE10 R (12-98)

SIGNATURE: