

# **2007 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L98000000946

**FILED**  
**Dec 03, 2007**  
**Secretary of State**

**Entity Name:** TUSCANY DEVELOPMENT, L.L.C.

**Current Principal Place of Business:**

2121 WOOD STREET, UNIT B105  
SARASOTA, FL 34237

**New Principal Place of Business:**

**Current Mailing Address:**

2121 WOOD STREET, UNIT B105  
SARASOTA, FL 34237

**New Mailing Address:**

**FEI Number:** 65-0856902

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ELLIOTT, ROBERT H  
2121 WOOD STREET, UNIT B105  
SARASOTA, FL 34237 US

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

LAMBRECHT, WILLIAM G  
200 S. ORANGE AVENUE  
SARASOTA, FL 34236 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: WILLIAM G. LAMBRECHT

12/03/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LEWIS, JERRY D  
Address: 7245 MIDNIGHT PASS RD.  
City-St-Zip: SARASOTA, FL 34232

Title: MGR (X) Delete  
Name: ELLIOTT, ROBERT H  
Address: 2121 WOOD STREET, UNIT B105  
City-St-Zip: SARASOTA, FL 34237

**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: JERRY D. LEWIS

MGR

12/03/2007

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