2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 20, 2009
Secretary of State

DOCUMENT# M07000004282

Entity Name: CMS TUSCANY GP, L.L.C.

Current Principal Place of Business:

CMS COMPANIES
308 E. LANCASTER AVENUE, SUITE 300
WYNNEWOOD, PA 19096

New Principal Place of Business:

C/O CMS AFFILIATED PARTNERSHIPS
308 E. LANCASTER AVENUE, SUITE 300
WYNNEWOOD, PA 19096 US

Current Mailing Address:

C/O DONNA M. RITTERSHAUSEN, CMS COMPANIES
308 E. LANCASTER AVENUE, SUITE 300
WYNNEWOOD, PA 19096

New Mailing Address:

C/O DONNA M. RITTERSHAUSEN, CMS COMPANIES
308 E. LANCASTER AVENUE, SUITE 300
WYNNEWOOD, PA 19096 US

FEI Number: 25-0529543 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CMS PRIVATE REIT MAS, TER SUBPARTNER S HIP,LP
Address: 308 E. LANCASTER AVENUE, SUITE 300
City-St-Zip: WYNNEWOOD, PA 19096

ADDITIONS/CHANGES:

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: RICHARD A. MITCHELL V 01/20/2009

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