

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004281

Entity Name: MAU TOSCANO LLC

FILED  
Apr 27, 2009  
Secretary of State

**Current Principal Place of Business:**

8900 SW 62ND CT  
MIAMI, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

8900 SW 62ND CT  
MIAMI, FL 33156

**New Mailing Address:**

PO BOX 560592  
MIAMI, FL 33256

FEI Number: 26-3401008

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:**

QUINONES, XAVIER  
8900 SW 62 CT.  
MIAMI, FL 33156 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: XAVIER QUINONES

04/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: UNANUE, MARY ANN  
Address: 8900 SW 62ND CT  
City-St-Zip: MIAMI, FL 33156

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: QUINONES, XAVIER  
Address: 8900 SW 62ND CT  
City-St-Zip: MIAMI, FL 33156

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: XAVIER QUINONES

MGR

04/27/2009

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