

# 2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A01000000429

**FILED**  
**Apr 22, 2009**  
**Secretary of State**

**Entity Name:** TUSCANY PLACE ASSOCIATES, LTD.

**Current Principal Place of Business:**

2121 PONCE DE LEON BLVD.  
PH  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

2121 PONCE DE LEON BLVD.  
PH  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-1148697      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

REGISTERED AGENTS OF FLORIDA, LLC  
100 SOUTHEAST SECOND STREET  
SUITE 2900  
MIAMI, FL 33131 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

**GENERAL PARTNER INFORMATION:**

Document #: L01000004860  
Name: CORNERSTONE TUSCANY PLACE, L.L.C.  
Address: 2121 PONCE DE LEON BLVD. PH  
City-St-Zip: CORAL GABLES, FL 33134

**ADDRESS CHANGES ONLY:**

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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: LEON J. WOLFE

AR

04/22/2009

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date