

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90115 009 ***138.75

DOCUMENT # L06000105839

1. Entity Name
CENTER LEGACY, LLC



Principal Place of Business

**121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600
CORAL GABLES, FL 33134**

Mailing Address

**121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600
CORAL GABLES, FL 33134**

30003642



DO NOT WRITE IN THIS SPACE

01042008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-8577004

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**RENTZ, R. LARRY
121 ALHAMBRA PLAZA
PENTHOUSE 1, SUITE 1600
CORAL GABLES, FL 33134**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	MORRIS, W. ALLEN
STREET ADDRESS	121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	GIL, YAZMIN
STREET ADDRESS	121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	GRAHAM, DALE I
STREET ADDRESS	121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	MGR
NAME	RENTZ, R. LARRY
STREET ADDRESS	121 ALHAMBRA PLAZA, PENTHOUSE 1, STE. 1600
CITY-ST-ZIP	CORAL GABLES, FL 33134
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Yazmin Gil **1-17-07** **305-443-000**