

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000019668

FILED
May 04, 2009
Secretary of State

Entity Name: ELM LEGACY GROUP, LLC

Current Principal Place of Business:

2316 BARRY DRIVE SOUTH
JACKSONVILLE, FL 32208

New Principal Place of Business:

Current Mailing Address:

2316 BARRY DRIVE SOUTH
JACKSONVILLE, FL 32208

New Mailing Address:

FEI Number: 20-8575864 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KLECKLEY BROWN, GWENDOLYN
2316 BARRY DRIVE SOUTH
JACKSONVILLE, FL 32208 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: MGRM () Delete
Name: KLECKLEY BROWN, GWENDOLYN
Address: 2316 BARRY DRIVE SOUTH
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM () Delete
Name: MITCHELL HARPER, LINDA
Address: 1615 BOULEVARD
City-St-Zip: JACKSONVILLE, FL 32206

Title: MGRM () Delete
Name: KOHN, IRENE
Address: 2022 CONGRESS DRIVE
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM () Delete
Name: BROWN, JOANN
Address: 9539 CARBONDALE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM () Delete
Name: ROBERTS, SHIRLEY
Address: 7920 ORLANDO AVENUE
City-St-Zip: JACKSONVILLE, FL 32208

Title: MGRM () Delete
Name: WHEELER, JACK
Address: 8310 N.W. 10TH AVENUE
City-St-Zip: MIAMI, FL 33150

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: MATTHEWS, THALIA
Address: P.O. BOX 82653
City-St-Zip: PORTLAND, OR 92782

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: GWENDOLYN KLECKLEY BROWN

MGRM

05/04/2009

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