2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000021758

Entity Name: LEGEND FLORIDA, LLC

FILED Mar 31, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

10 FAIRWAY DRIVE SUITE 110

DEERFIELD BEACH, FL 33441 US

New Mailing Address: Current Mailing Address:

10 FAIRWAY DRIVE 1001 E. HECTOR STREET SUITE 120 SUITE 110

DEERFIELD BEACH, FL 33441 US CONSHOHOCKEN, PA 19428 US

FEI Number: 38-3734076 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

TAYLOR, J W 111 NORTH ORANGE **SUITE 2000** ORLANDO, FL 32801 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:

Date

Title:

Name:

ADDITIONS/CHANGES:

Electronic Signature of Registered Agent

(X) Change () Addition

MANAGING MEMBERS/MANAGERS:

() Delete

DEPETRIS, JAMES J Name:

Address: PLYMOUTH CORP CTR, 625 RIDGE PIKE, A-107

City-St-Zip: CONSHOHOCKEN, PA 19428 US

Title: MGR () Delete

Name: DEPETRIS, MICHAEL W

Address: PLYMOUTH CORP CTR, 625 RIDGE PIKE, A-107

City-St-Zip: CONSHOHOCKEN, PA 19428

DEPETRIS, JAMES J Address: 1001 E. HECTOR STREET, SUITE 120 CONSHOHOCKEN, PA 19428 US

City-St-Zip:

Title: (X) Change () Addition Name: DEPETRIS, MICHAEL W

Address: 1001 E. HECTOR STREET, SUITE 120

City-St-Zip: CONSHOHOCKEN, PA 19428

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: JAMES J. DEPETRIS 03/31/2009