

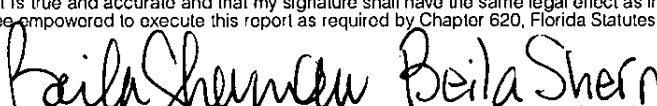


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2007**

RECEIVED JAN 19 2007  
**FILED**  
Mar 29, 2007 08:00 A  
Secretary of State

<b>DOCUMENT # A03000000075</b> 1. Entity Name LEGACY PARK VENTURE, L.L.L.P.					
Principal Place of Business 923 N PENNSYLVANIA AVE WINTER PARK FL 32789			Mailing Address 923 N PENNSYLVANIA AVE WINTER PARK FL 32789		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  SCHWARTZ, CHARLES C/O AVANTI PROPERTIES GROUP 923 N PENNSYLVANIA AVE WINTER PARK FL 32789			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>					
<b>FILE NOW!!! Fee is \$500. *** After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	A03000000074 LEGACY PARK (ORLANDO) AIP IV, L.L.L.P. 923 N PENNSYLVANIA AVE WINTER PARK FL 32789		STREET ADDRESS CITY- ST- ZIP	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
DOCUMENT # NAME STREET ADDRESS CITY- ST- ZIP	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>		STREET ADDRESS CITY- ST- ZIP	<div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
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14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes					
<b>SIGNATURE:</b> 			Beila Sherman 3-28-07 4076288488 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		



1st MOORE CR2E003 (10/06)

4. FEI Number <b>54-2091626</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

STAPLE CHECK HERE