

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A99000001927**

1. Entity Name

LEGACY MANAGEMENT GROUP, LIMITED PARTNERSHIP

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAY 16 PM 1:33



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4243 MARK ST. 4243 MARK ST.
TEQUESTA FL 33469 TEQUESTA FL 06237-1408

2. Principal Place of Business 3. Mailing Address
6 LATHAM HILL RD **6 LATHAM HILL RD**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
COLUMBIA CT **COLUMBIA CT**
Zip Country Zip Country
06237 USA **06237 USA**

4. FEI Number Applied For
65-0971606 Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JONES, PAIGE C
4243 MARK ST.
TEQUESTA FL 33469

7. Name and Address of New Registered Agent
Name **Florida Incorporators, Inc.**
Street Address (P.O. Box Number is Not Acceptable)
1221 Brickell Ave.
Suite 900
City **Miami** FL Zip Code **33131**

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.
SIGNATURE *Mark Hawkins* **Mark Hawkins, President** **4/20/00**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. **\$0.00** 10. Amount of Capital Contributions in FLORIDA to date. **0.00** 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P99000068971
NAME	CHARISMARK, INC.
STREET ADDRESS	123 EGRET DR.
CITY - ST - ZIP	JUPITER FL 33458
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	6 LATHAM HILL RD
CITY - ST - ZIP	COLUMBIA CT 06237
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	3000003290373--1
CITY - ST - ZIP	-06/15/00--01015--008
STREET ADDRESS	****141.25 ****141.25
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE: *Paige C. Jones* **SIGNATURE REQUIRED** **PAIGE C. JONES** **SECRETARY** **CHARISMARK, G.P.** **2/8/00** **860.228.7531**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

FORM 1001-FC