

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 30, 2001 08:00 AM**
Secretary of State**DOCUMENT # A99000001927**

1. Entity Name

LEGACY MANAGEMENT GROUP, LIMITED PARTNERSHIP

Principal Place of Business

6 LATHAM HILL ROAD

COLUMBIA
06237

CT

Mailing Address

6 LATHAM HILL ROAD

COLUMBIA
06237

CT

2. Principal Place of Business

960 SAVANNA DRIVE

Suite, Apt. #, etc.

3. Mailing Address

960 SAVANNA DRIVE

Suite, Apt. #, etc.

City & State

KISSIMMEE

FL

Zip
34746Country
US

City & State

KISSIMMEE

FL

Zip
34746Country
US

4. FEI Number

65-0971606

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentFLORIDA INCORPORATORS, INC.
1221 BRICKELL AVE., SUITE 900MIAMI
33131

US

FL

7. Name and Address of New Registered Agent

Name

CROMAR CHARLES R

Street Address (P.O. Box Number is Not Acceptable)

960 SAVANNA DRIVE

City

KISSIMMEE

FL

Zip Code
34746

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 **CHARLES R. CROMAR, JR**

04/30/2001

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. 50,000.00

10. Amount of Capital Contributions

in FLORIDA to date. 25,000.00

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 #
NAME CHARISMARK, INC.
STREET ADDRESS 6 LATHAM HILL ROAD
CITY-ST-ZIP COLUMBIA CT 06237DOCUMENT #
NAME
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NAME
STREET ADDRESS
CITY-ST-ZIP**13. ADDRESS CHANGES ONLY**

STREET ADDRESS 960 SAVANNA DRIVE

CITY-ST-ZIP KISSIMMEE FL 34746

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

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, ST, Charismark, Inc.

ST

04/30/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (11/00)