


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 24, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> L01000005208	
<b>1. Entity Name</b> LEGACY OF ORLANDO, L.L.C.	

<b>Principal Place of Business</b> 1396 GRANDVIEW BLVD KISSIMMEE, FL 34744	<b>Mailing Address</b> 1396 GRANDVIEW BLVD KISSIMMEE, FL 34744
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**DO NOT WRITE IN THIS SPACE**



02022005No Chg-LLC CR2E083 (10/03)

<b>4. FEI Number</b> 02-0565630	<b>Applied For</b> Not Applicable
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<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  ALPER, JONATHAN B ESQ 274 KIPLING CT HEATHROW, FL 32746	<b>DO NOT WRITE IN THIS SPACE</b>
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**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:** \_\_\_\_\_  
Signature: Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing) DATE

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS									
<table border="1"> <tr> <td><b>TITLE</b></td> <td>D</td> </tr> <tr> <td><b>NAME</b></td> <td>RIVARD, ARMAND</td> </tr> <tr> <td><b>STREET ADDRESS</b></td> <td>1396 GRANDVIEW BLVD</td> </tr> <tr> <td><b>CITY-STATE-ZIP</b></td> <td>KISSIMMEE, FL 34744</td> </tr> </table>	<b>TITLE</b>	D	<b>NAME</b>	RIVARD, ARMAND	<b>STREET ADDRESS</b>	1396 GRANDVIEW BLVD	<b>CITY-STATE-ZIP</b>	KISSIMMEE, FL 34744	<p>1100000242108 02/24/05-80070-023 55.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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**11.** I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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:** SHIRLEY RIVARD  
Shirley Rivard  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

2/17/05 407-847-8080  
DATE Daytime Phone #