


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jun 18, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L01000012740</b> 1. Entity Name <b>THE LEGENDS AT SJ, LLC</b>	
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Principal Place of Business <b>475 WEST TOWN PLACE SAINT AUGUSTINE, FL 32092</b>	Mailing Address <b>335 CENTER AVENUE MAMARONECK, NY 10543</b>
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**DO NOT WRITE IN THIS SPACE**



05082007No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>59-3756306</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**CLASP INC.  
3001 TAMiami TRAIL NORTH 4TH FLOOR  
NAPLES, FL 34103**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 14, 2007**

000000766358  
06/18/07-80002-008 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR THE CROWLEY GROUP 4 RIVER AVE. GREENWICH, CT 06830
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PETRO AUGUSTINE, LLC 335 CENTER AVE MAMARONECK, NY 10543
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**DO NOT WRITE  
IN THIS SPACE**

11. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6/11/07  
Date

914-777-8292  
Daytime Phone #