

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2007 8:00 am
Secretary of State

05-08-2007 90109 023 ****50.00

DOCUMENT # L01000019348

1. Entity Name

LEGACY PLACE APARTMENT HOMES, L.L.C.



Principal Place of Business

31731 NORTHWESTERN HWY, STE 250 W
FARMINGTON HILLS, MI 48334

Mailing Address

31731 NORTHWESTERN HWY, STE 250 W
FARMINGTON HILLS, MI 48334

60049578



01032007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

38-3699346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LUPTAK, PAOLA M
2201 NW CORPORATE BLVD
SUITE 100
BOCA RATON, FL 33431

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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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	BEZTAK OF LEGACY PLACE, L.L.C.
STREET ADDRESS	31731 NORTHWESTERN HWY STE 250 W
CITY- ST- ZIP	FARMINGTON, MI 48334

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

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CITY- ST- ZIP	

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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

Maurice J. Bezak

Date

4/23/07

Daytime Phone # _____