


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2004 08:00 AM
Secretary of State

DOCUMENT # L01000022210	
1. Entity Name CECIL LEGACY, LLC	

Principal Place of Business 2625 W. 5TH STREET JACKSONVILLE, FL 32254	Mailing Address P.O. BOX 41064 JACKSONVILLE, FL 32203
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DO NOT WRITE IN THIS SPACE



02022004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 01-0558611	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**TRAYLOR, W. HAMILTON
2625 W. 5TH STREET
JACKSONVILLE, FL 32254**

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000121304
04/20/04-80045-005 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR SPENCE, CARLTON H 2625 W 5TH STREET JACKSONVILLE, FL 32254
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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)(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 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:

Carlton H. Spence

Carlton Spence

4/5/04

(904) 786-8038

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

Date

Daytime Phone #