
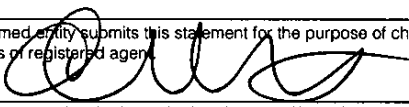



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

DOCUMENT # L02000005097 1. Entity Name LEGACY COMMUNITIES OF LEGACY LAKE, LLC			
Principal Place of Business 1358 THOMASWOOD DR. TALLAHASSEE, FL 32308		Mailing Address 1358 THOMASWOOD DR. TALLAHASSEE, FL 32308	
2. Principal Place of Business 3520 THOMASVILLE ROAD Suite, Apt. #, etc. SUITE 200 City & State TALLAHASSEE, FL Zip 32308 32309 Country USA LEON		3. Mailing Address SAME Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 02-0551290		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent COOPER, CHARLES L JR. 1358 THOMASWOOD DR. TALLAHASSEE, FL 32308 32309		7. Name and Address of New Registered Agent Name Charles L. Cooper Jr. Street Address (P.O. Box Number is Not Acceptable) 3520 Thomasville Rd. Suite 200 City Tallahassee FL Zip Code 32309	
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  DATE 4/18/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM LEGACY COMMUNITIES, LLC 1358 THOMASWOOD DR. 3520 Thomasville Rd TALLAHASSEE, FL 32308 Ste 200 32309	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Date 4-14-05 Daytime Phone # 678-530-0723	