## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCU 1. Entity Nam	MENT # L020000050	<b>25</b>					
	COMMUNITIES OF LEGAC	Y LAKE, LLC					
Principal Plac	e of Business	Mailing Address	ı		· USA	EUF 8. 01	
1358 THOMASWOOD DR.		1358 THOMASWOOD DR.		,	C. FISTAIR		
TALLAHASSEE, FL 3 <del>2308</del>		TALLAHASSEE, FL 32308				ORIDA	
			$\sim$		II BBIIO IIBII BBIII BBIII B		INTERNATION IN THE STATE OF THE
	lace of Business	3. Mailing Address	//	<i>†7</i> (			
	THO MASULLE ROAD	SAME	1-5/				180401 101 1251
Suite, Apt. #, etc.  SuiTE 200		Suite, Apt. #, etc.	// //	03222005	Chg-LLC	CR2E083 (10/03	3)
City & Stat	0	City & State	// //	4. FEI Numb	per	1	Applied For
TALLAHASSEE, PC		//		02-05	51290		Not Applicable
Zip	32309 Country	Zip 🎉	Countrý	5. Certificate	of Status Desired	□ \$5.00 A	
7.00	6. Name and Address of Current F	legistered Agent		7. Name an	d Address of New	<u>·</u>	
00000	OUADI FOLLID		Name (	horles 1	Carre	- Tr	
COOPER, CHARLES L JR.  1368 THOMASWOOD DR.  Street Address (P.O. Box Number is Not Acceptable)							
	SSFF FI 22208	~	<u> </u>	0 Thoma	sville 1	60	
	<u>2</u> 3309		2	<del>uite ao</del>	0		
			City	1h hosse	, 0	FL Zgg	1200
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.   am familiar with, and accept							
the obligations of registered agent							
SIGNATURE .	Signature, typed or printed name of registered agent ar	od title if applicable (NOTE: F	Registered Agent signature	required when reinstating)		4/18/0	
	Cagnitudes, 192000 of printed frame of registerior agent as	the representation (NOTE.)	rogiateled regent and lattice	required when remarking)	:	DATE	
	iling Fee is \$50.00 ue by May 1, 2005					ke check payable to da Department of St	
9.	MANAGING MEMBER	S/MANAGERS	10.		ADDITION	S/CHANGES	
TITLE	MGRM	☐ Detete	TITLE			☐ Chang	e 🗌 Addition
NAME STREET ADDRESS	LEGACY COMMUNITIES, LLC	othomasu: NeR	NAME STREET ADDRESS				
CITY-ST-ZIP	TALLAHASSEE, FL 32308 - S	le 200	CITY-ST-ZIP				
TITLE	32309	☐ Detete	TITLE	<u>-</u>		☐ Chang	e 🔲 Addition
NAME express appropries	•		NAME OTREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			STREET ADORESS City-St-Zip				i
TITLE		☐ Delete	TITLE			☐ Chang	e
NAME			NAME				_
STREET ADDRESS			STREET ADDRESS CITY-ST-ZIP	n O⊊Zi	1 <b>000</b> 054	<b>  1 1 1 5 5</b> 7   70011   ***5	6.00
CITY-ST-ZIP			TITLE	05/1	)U(UU U1U	Chang	
NAME		☐ Delete	NAME			亡 ∨nang	c   Addition
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME		☐ Delete	TITLE NAME			☐ Chang	e 🗌 Addition
STREET ADDRESS			STREET ADDRESS				
City-St-Zip			CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			☐ Chang	e 🗌 Addition
NAME STREET ADDRESS			name Street address				
CITY-ST-ZIP			CITY-ST-ZIP				
11. I hereby	Lertify that the information supplied with	this filing does not qualify for the	he exemption state	d in Section 119.07(3	)(i), Florida Statutes	. I further certify that the	e 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.							
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SIGNAT	TURE: KARLA	XMU.	_	T-14-C	5 //	578 <i>5</i> 530-	0123
,			CED OR ALTHOUTER			<del></del>	