


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 04, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000005097 1. Entity Name LEGACY COMMUNITIES OF LEGACY LAKE, LLC	
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Principal Place of Business 3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE, FL 32309	Mailing Address 3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE, FL 32309
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02162006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 02-0551290	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent COOPER, CHARLES L JR. 3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE, FL 32309
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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 _____
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEGACY COMMUNITIES, LLC 3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE, FL 32309
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<p>U000000491476 04/19/06-80023-023 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: Scg **3-22-06** **678-218-4808**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #