


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

<b>DOCUMENT # L02000005105</b>	
1. Entity Name <b>LEGACY COMMUNITIES OF ROCKBRIDGE PLACE, LLC</b>	

Principal Place of Business <b>1358 THOMASWOOD DR. TALLAHASSEE, FL 32308</b>	Mailing Address <b>1358 THOMASWOOD DR. TALLAHASSEE, FL 32308</b>
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04/19/06-80038-009 50.00



02162006 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>02-0551273</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  <b>COOPER, CHARLES L JR. 3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE, FL 32309</b>
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<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM LEGACY COMMUNITIES, LLC 3520 THOMASVILLE RD STE 200 TALLAHASSEE, FL 32309</b>
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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:**

*[Signature]*

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

**3-22-06 678-218-4808**

Date Daytime Phone #