

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 30, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000008186 1. Entity Name LEGACY COMMUNITIES OF KENSINGTON POINTE, LLC	
---	---

Principal Place of Business 1358 THOMASWOOD DRIVE TALLAHASSEE, FL 32308	Mailing Address 1358 THOMASWOOD DRIVE TALLAHASSEE, FL 32308
--	--



DO NOT WRITE IN THIS SPACE

04222004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 02-0572168	Applied For Not Applicable
------------------------------------	--------------------------------------

5. Certificate of Status Desired ☐	\$5.00 Additional Fee Required
--	---------------------------------------

6. Name and Address of Current Registered Agent COOPER, CHARLES L JR 1358 THOMASWOOD DRIVE TALLAHASSEE, FL 32308
--

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

U000000144835
04/30/04-80145-024 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LEGACY COMMUNITIES, LLC 1358 THOMASWOOD DR TALLAHASSEE, FL 32308
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: _____ **4/29/04** **678-530-0723 ext. 210**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #