

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 12, 2003 8:00 am**  
**Secretary of State**

4/15/

04-15-2003 90033 012 \*\*\*\*55.00

DOCUMENT # L02000010414

1. Entity Name

LEGACY VENTURES III, L.L.C. N.C. 3/19/03

LEGACY VENTURES IV MANAGEMENT, LLC



Principal Place of Business

Mailing Address

P.O. BOX 10103  
TAMPA FL 33679

P.O. BOX 10103  
TAMPA FL 33679

44001472



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LITSCHGI, VALERIE ESQ.

BARNETT, BOLT, KIRKWOOD AND LONG, P.A.

601 BAYSHORE BLVD., STE. 700

TAMPA FL 33606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ 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:

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

4/9/03

813-416-1111

Date

Daytime Phone #

CR2E083 (10/02)

Attachment



44001472  
#LO20000810414

LITSCHGI

PROFESSIONAL ASSOCIATION

ALBERT BYRNE LITSCHGI, JR.  
BOARD CERTIFIED REAL ESTATE ATTORNEY  
LICENSED REAL ESTATE BROKER  
ADMITTED TO PRACTICE LAW IN  
FLORIDA AND THE DISTRICT OF COLUMBIA



POST OFFICE BOX 10103  
TAMPA, FLORIDA 33679  
PHONE: (813) 416-1111  
E-MAIL: AL@LITSCHGI.COM  
FAX: (813) 835-5999

Friday, May 09, 2003

Division of Corporation  
Secretary of State  
P. O. Box 6478  
409 East Gaines Street 32399  
Tallahassee, FL 32314

Re: Legacy Ventures IV Management, LLC

Dear Sir or Madam:

I have enclosed for filing the corrected annual report. The Manager of the above referenced company is Litschgi, P.A., PO Box 10103, Tampa FL 33679. Thank you for your assistance in this matter and should you have any questions, please contact me at 813-416-1111.

Very truly yours,

Litschgi, P.A.

Albert Byrne Litschgi, Jr.  
President