

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

DOCUMENT # L02000016694

1. Entity Name

LEGACY AT LEHIGH, LLC



FILED

04 FEB 10 AM 11:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJM



MOORE CR2E083 (11/03)

2/10

Principal Place of Business

800 SUNSHIE BLVD.
LEHIGH ACRES FL 33971

Mailing Address

PO BOX 1870
LEHIGH ACRES FL 33970

2. Principal Place of Business

~~800~~ 1230 TAYLOR LN EXT.

3. Mailing Address

Suite, Apt. #, etc.

City & State

LEHIGH ACRES FL

City & State

Zip
33936

Country

Zip

Country

4. FEI Number

54-2071524

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DOWNS, LEE B
500 SUNSHIE BLVD.
LEHIGH ACRES FL 33970

7. Name and Address of New Registered Agent

Name

DOWNS, LEE B

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

500 SUNSHINE BLVD

City

LEHIGH ACRES

FL

Zip Code

33971

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

1-26-04

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS / MANAGERS

TITLE MGR ☐ Delete
NAME DOWNS, LEE B
STREET ADDRESS PO BOX 1870
CITY-ST-ZIP LEHIGH ACRES FL 33970

TITLE VICE PRESIDENT ☐ Delete
NAME EDWARD POISSON
STREET ADDRESS P.O. BOX 1870
CITY-ST-ZIP LEHIGH ACRES FL 33970

TITLE MGR ☐ Delete
NAME J-P + VIVIAN WEAVER
STREET ADDRESS P.O. BOX 794
CITY-ST-ZIP ELLINGTON FL 34222

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE PRESIDENT ☒ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 500028499795
STREET ADDRESS 02/10/04--01044--012
CITY-ST-ZIP **111.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #