
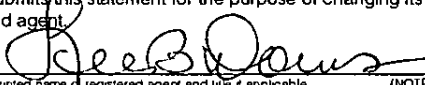


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90164 045 ****50.00

DOCUMENT # L02000016694			
1. Entity Name LEGACY AT LEHIGH, LLC			
Principal Place of Business 1230 TAYLOR LN. EXT. LEHIGH ACRES FL 33936		Mailing Address PO BOX 1870 LEHIGH ACRES FL 33970	
2. Principal Place of Business		3. Mailing Address 1230 TAYLOR LANE EXT	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State LEHIGH ACRES	
Zip	Country	Zip	Country
		FL	FL
6. Name and Address of Current Registered Agent DOWNS, LEE B 500 SUNSHINE BLVD LEHIGH ACRES FL 33971		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1230 TAYLOR LANE EXT City LEHIGH ACRES FL Zip Code 33936	
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		President 1-20-05 DATE	
<p align="center">FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2005</p>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOWNS, LEE B PO BOX 1870 LEHIGH ACRES FL 33970 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1230 TAYLOR LANE EXT LEHIGH ACRES FL 33932
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V POISSON, EDWARD P.O. BOX 1870 LEHIGH ACRES FL 33970 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR J.R. & VIVIEN WEAR P.O. BOX 794 ELLENTON FL 34222 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition MANAGER RANDALL W. DOWNS 1230 TAYLOR LANE EXT LEHIGH ACRES FL 33936
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

1-20-05 2393031230