

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

APPROVAL
AND
FILED

06 MAR - 1 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PSD



DOCUMENT # L02000016694			
1. Entity Name LEGACY AT LEHIGH, LLC			
Principal Place of Business 1230 TAYLOR LN. EXT. LEHIGH ACRES FL 33936		Mailing Address 1230 TAYLOR LN. EXT. LEHIGH ACRES FL 33936	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 54-2071524		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	

1st MOORE CR2E083 (10/05)

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
DOWNS, LEE B 1230 TAYLOR LN. EXT. LEHIGH ACRES FL 33936				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: *Lee B Down* 2-16-06
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when re-electing.) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOWNS, LEE B			NAME	000067456650		
STREET ADDRESS	1230 TAYLOR LN. EXT.			STREET ADDRESS	03/09/06--01020--003 **111.25		
CITY-ST-ZIP	LEHIGH ACRES FL 33936			CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	POISSON, EDWARD			NAME			
STREET ADDRESS	P.O. BOX 1870			STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES FL 33970			CITY-ST-ZIP			
TITLE	MGR	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DOWNS, RANDALL W			NAME			
STREET ADDRESS	1230 TAYLOR LN. EXT.			STREET ADDRESS			
CITY-ST-ZIP	LEHIGH ACRES FL 33936			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Lee B Down* 2-16-06 234-849686
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #