

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

APPROVED  
AND  
FILED

06 MAR - 1 AM 11:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*PS*



1st MOORE CR2E083 (10/05)

<b>DOCUMENT # L02000016694</b> 1. Entity Name <b>LEGACY AT LEHIGH, LLC</b>					
Principal Place of Business <b>1230 TAYLOR LN. EXT. LEHIGH ACRES FL 33936</b>			Mailing Address <b>1230 TAYLOR LN. EXT. LEHIGH ACRES FL 33936</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>54-2071524</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>DOWNES, LEE B 1230 TAYLOR LN. EXT. LEHIGH ACRES FL 33936</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 <u><i>Lee B Downes</i></u> <span style="float: right;">2-16-06</span> <small>Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when re-electing) DATE</small>					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2006</b>					
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>DOWNES, LEE B</b> <b>1230 TAYLOR LN. EXT.</b> <b>LEHIGH ACRES FL 33936</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000067456650</b> <b>03/09/06--01020--003 **111.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>POISSON, EDWARD</b> <b>P.O. BOX 1870</b> <b>LEHIGH ACRES FL 33970</b> <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	<b>MGR</b> <b>DOWNES, RANDALL W</b> <b>1230 TAYLOR LN. EXT.</b> <b>LEHIGH ACRES FL 33936</b> <input checked="" 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	
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 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.					
<b>SIGNATURE:</b> <u><i>Lee B Downes</i></u> <span style="float: right;">2-16-06 234-849686</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					