

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 31, 2003 8:00 am
Secretary of State

03-19-2003 90047 041 ****55.00

DOCUMENT # L02000016694

1. Entity Name

LEGACY AT LEHIGH, LLC



Principal Place of Business

Mailing Address

**2703 LEE BLVD.
LEHIGH ACRES FL 33971**

**2703 LEE BLVD.
LEHIGH ACRES FL 33971**

2. Principal Place of Business

3. Mailing Address

500 SUNSHINE BLVD

P.O. Box 1870

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Lehigh Acres FL

City & State

Lehigh Acres FL

4. FEI Number

542071524

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00 Additional Fee Required**

8. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOWNS, LEE B

**2703 LEE BLVD.
LEHIGH ACRES FL 33971**

Name

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

P.O. Box 1870 500 SUNSHINE BLVD

City

Lehigh Acres

FL

Zip Code

33970

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. Downs

Pres

3-16-03

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
**MGR
DOWNS, LEE B
2703 LEE BLVD.
LEHIGH ACRES FL 33971**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
P.O. Box 1870
Lehigh Acres FL 33970**

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
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☐ Delete

TITLE
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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:

Lee B. Downs

3-16-03

239 849 6286

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

Date

Daytime Phone #

CR2E083 (1/02)