


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 08, 2007 8:00 am
Secretary of State


05-08-2007 90109 017 ****50.00

DOCUMENT # L02000018536
1. Entity Name
BEZTAK OF LEGACY PLACE, L.L.C.



Principal Place of Business 31731 NORTHWESTERN HWY, STE 250 W FARMINGTON HILLS, MI 48334	Mailing Address 31731 NORTHWESTERN HWY, STE 250 W FARMINGTON HILLS, MI 48334
--	--

DO NOT WRITE IN THIS SPACE



01032007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 06-1643589	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LUPTAK, PAOLA M
2201 NW CORPORATE BLVD
STE 100
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)


**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR OAKLAND MANAGEMENT CORP. 31781 NORTHEASTERN HWY., STE 250W FARMINGTON HILLS, MI 48334
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:  Maurice S. Bezios 4/23/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #