2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L02000019230

1. Entity Name
LEGACY COMMUNITIES OF SAPPHIRE CREEK, LLC

Principal Place of Business	Mailing Address
1358 THOMASWOOD DRIVE TALLAHASSEE, FL 32308	1358 THOMASWOOD DRIVE TALLAHASSEE, FL 32308

DO NOT WRITE IN THIS SPACE

02162006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number		Applied For
48-1267568		Not Applicable

5. Certificate of Status Desired ☐   **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

COOPER, CHARLES L JR.
3520 THOMASVILLE ROAD, SUITE 200
TALLAHASSEE, FL 32309

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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.   (NOTE: Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.   MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	LEGACY COMMUNITIES, LLC
STREET ADDRESS	3520 THOMASVILLE RD, STE 200
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/19/06-80038-007 50.00

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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: _____   3-22-06   678 218 4808

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #