## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L03000002510

1. Entity Name

LEGACY COMMUNITIES OF BERKSHIRE PLACE, LLC



FILED Apr 04, 2006 08:00 AM Secretary of State

Principal Place of Business

SIGNATURE:

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 48-1294738 Applied For 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

## DO NOT WRITE IN THIS SPACE

8. The above the obliga	a named entity submits this statement for the purpose of char flons of registered agent.	nging its registered office or registered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of replatered agent and this if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
F	iling Fee is \$50.00 ue by May 1, 2006		
9.	MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEGACY COMMUNITIES, LLC 3520 THOMASVILLE RD., STE. 200 TALLAHASSEE, FL 32308		en e
TITLE NAME STREET ADDRESS CITY-ST-ZIP			U00000491456 04/19/06-80023-003 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN	THIS SPACE
THEE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS			<u></u>

11. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE