2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000002533

LEGACY COMMUNITIES OF DEER CROSSING, LLC



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

Principal Place of Business

SIGNATURE:

Mailing Address

1358 THOMASWOOD DRIVE TALLAHASSEE, FL 32308

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02162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 48-1294736

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

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

COOPER, CHARLES L JR. 3520 THOMASVILLE ROAD, SUITE 200

DO NOT WRITE

TALLAHASSEE, FL 32309		IN THIS SPACE	
	named entity submits this statement for the purpose of char ions of registered agent.	ging its registered office or registered agent, or both, in the	State of Florida. 1 am familiar with, and accept
SIGNATURE.	Signature, typed or printed name of registered agent and time it applicable.	(NOTE: Registered Agent algorature required when reinstating)	DATE
FI	lling 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 32309		 - U00000491471 4/19/06-80023-018 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	` .		T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THE	S SPACE
TITLE NAME STREET ADDRESS GITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby of indicated limited lia	certify that the information supplied with this filing does not on this report is true and accurate and that my signature sibility company or the receiver or thystee empowered to exe	quality for the exemptions contained in Chapter 119, Floridi hall have the same legal effect as if made under oath; that oute this report as required by Chapter 608, Florida Statute	a Statutes. I further certify that the information 1 am a managing member or manager of the is.