

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000006264

FILED
Jun 30, 2004
Secretary of State

Entity Name: LEGACY INVESTMENTS, LLC

Current Principal Place of Business:

160 INTERNATIONAL PARKWAY, SUITE 250
HEATHROW, FL 32746

New Principal Place of Business:

550 N. PALMETTO AVE.
SANFORD, FL 32771

Current Mailing Address:

160 INTERNATIONAL PARKWAY, SUITE 250
HEATHROW, FL 32746

New Mailing Address:

550 N. PALMETTO AVE.
SANFORD, FL 32771

FEI Number: 04-3744840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HORIAN, ROBERT L
160 INTERNATIONAL PARKWAY, SUITE 250
HEATHROW, FL 32746

Name and Address of New Registered Agent:

HORIAN, ROBERT L
550 N. PALMETTO AVE.
SANFORD, FL 32771

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.

SIGNATURE: ROBERT HORIAN

06/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: HORIAN, ROBERT L
Address: 160 INTERNATIONAL PARKWAY, SUITE 250
City-St-Zip: HEATHROW, FL 32746

Title: MGRM () Delete
Name: CIPPARONE, ANTHONY J
Address: 3185 DEER CHASE RUN
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HORIAN, ROBERT L
Address: 550 N. PALMETTO AVE.
City-St-Zip: SANFORD, FL 32771

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ROBERT HORIAN

MGRM

06/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date