# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L03000009114**

1. Entity Name
LEGACY COMMUNITIES OF WOODS OF OAKVALE, LLC

ᘔ0003310

| Principal Place of Business | Mailing Address |
|---|---|
| 3520 THOMASVILLE ROAD, SUITE 200 | 3520 THOMASVILLE ROAD, SUITE 200 |
| TALLAHASSEE, FL 32309 | TALLAHASSEE, FL 32309 |

## DO NOT WRITE IN THIS SPACE

03222005 No Chg-LLC          CR2E083 (10/03)

| 4. FEI Number | Applied For |
|---|---|
| 45-0505478 | 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, 2005**

### 9. MANAGING MEMBERS/MANAGERS

| | |
|---|---|
| TITLE | MGRM |
| NAME | LEGACY COMMUNITIES, LLC |
| STREET ADDRESS | 3520 THOMASVILLE RD, #200 |
| CITY-ST-ZIP | TALLAHASSEE, FL 32309 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
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| 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 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 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: _____  4-14-05   678-530-0123

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