


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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

DOCUMENT # L03000009114 1. Entity Name LEGACY COMMUNITIES OF WOODS OF OAKVALE, LLC	
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Principal Place of Business 3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE, FL 32309	Mailing Address 3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE, FL 32309
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DO NOT WRITE IN THIS SPACE



02162006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 45-0505478	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 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 NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEGACY COMMUNITIES, LLC 3520 THOMASVILLE RD, #200 TALLAHASSEE, FL 32309
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04/19/06-80023-024 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