


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 DEC 13 PM 2:44

SECRETARY OF STATE
TALLAHASSEE FLORIDA

12/13

DOCUMENT # L03000012000					
1. Entity Name LEGACY COMMUNITIES OF ELLENWOOD VILLAGE, LLC					
Principal Place of Business 1358 THOMASWOOD DRIVE TALLAHASSEE, FL 32308			Mailing Address 1358 THOMASWOOD DRIVE TALLAHASSEE, FL 32308		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 54-2105640	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent COOPER, CHARLES L JR 1358 THOMASWOOD DRIVE TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Legacy Communities, LLC 3520 Thomasville Rd. Ste. 200 Tallahassee, FL 32309 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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REINSTATEMENT 2004
w/o penalty
504132913055
05/04/04 90025 011
\$50.00

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: Sheryl X. X. X. 4-28-04 678-530-0723
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #