√2005 LIMITED LIABILITY COMPANYANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED Apr 18, 2005 8:00 am Secretary of State

04-18-2005 90082 002 ****50.00

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04042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 54-2105640

Applied For 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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IN	TH	IIS	SPA	CI	Ë

 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	<u> </u>					
	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., STE. 200
CITY-ST-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
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CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 percent execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

CHATURE AND TYPES OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTAT

4-14-05

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