

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000025820

FILED  
Mar 14, 2006  
Secretary of State

**Entity Name:** LEGACY REALTY AND PROPERTIES, LLC

**Current Principal Place of Business:**

14029 W. NEWBERRY ROAD, SUITE 30  
NEWBERRY, FL 32669

**New Principal Place of Business:**

106 SW 140TH TERR  
SUITE 3  
NEWBERRY, FL 32669

**Current Mailing Address:**

14029 W. NEWBERRY ROAD, SUITE 30  
NEWBERRY, FL 32669

**New Mailing Address:**

106 SW 140TH TERR  
SUITE 3  
NEWBERRY, FL 32669

**FEI Number:** 20-0480205

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FLETCHER, GEORGE E  
14029 W. NEWBERRY ROAD, SUITE 30  
GAINESVILLE, FL 32606 US

**Name and Address of New Registered Agent:**

FLETCHER, GEORGE E  
106 SW 140TH TERR  
SUITE 3  
NEWBERRY, FL 32669 US

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:

03/14/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRA ( ) Delete  
Name: FLETCHER, GLORIA W  
Address: 14029 W. NEWBERRY ROAD, SUITE 30  
City-St-Zip: NEWBERRY, FL 32669

**ADDITIONS/CHANGES:**

Title: MGRA (X) Change ( ) Addition  
Name: FLETCHER, GLORIA W  
Address: 106 SW 140TH TERR SUITE 3  
City-St-Zip: NEWBERRY, FL 32669

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: GEORGE E. FLETCHER

RA

03/14/2006

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