

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 29, 2005 8:00 am
Secretary of State

06-29-2005 90087 009 ****50.00

DOCUMENT # L03000026028

1. Entity Name
LEGENDS LAND GROUP, L.L.C.



Principal Place of Business
**135 PROFESSIONAL DRIVE, SUITE 101
PONTE VEDRA BEACH, FL 32082**

Mailing Address
**135 PROFESSIONAL DRIVE, SUITE 101
PONTE VEDRA BEACH, FL 32082**

50054171



DO NOT WRITE IN THIS SPACE

06122005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
20-0183132

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BARTLETT, BARON L ESQ.
C/O BARTLETT & DEAL, P.A.
135 PROFESSIONAL DRIVE, SUITE 101
PONTE VEDRA BEACH, FL 32082**

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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 September 7, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GILBERT, BRADLEY E
135 PROFESSIONAL DRIVE, SUITE 101
PONTE VEDRA BEACH, FL 32082**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
BARTLETT, BARON L
135 PROFESSIONAL DRIVE, SUITE 101
PONTE VEDRA BEACH, FL 32082**

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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), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #