## 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L03000034549**

1. Entity Name

LEGACY COMMUNITIES OF BOULDER FORREST, LLC



Principal Place of Business

SIGNATURE:

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 005 \*\*\*\*50.00

20035295



04042005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number		Applied For
76-0740336		Not Applicable
5. Certificate of Status Desired	\$5.00 Fee Re	O Additional aguired

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	
	образова, пред от ризилентална от география и и и и и примарие.	(NOTE: negation Agent signature required when retrassing)	DATE	
Fi D	iling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS	Est sur		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LEGACY COMMUNITIES, LLC 3520 THOMASVILLE RD., STE. 200 TALLAHASSEE, FL 32309		and the state of t	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		in in	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
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.				

ORIZED REPRESENTATIVE