

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 DEC 13 PM 2:44

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

WJH

DOCUMENT # L03000045811

1. Entity Name  
LEGACY COMMUNITIES OF VILLAGES AT HAMPTON, 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

04212004 Chg-LLC CR2E083 (10/03)

12/13

4. FEI Number  
43-2034736

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COOPER, CHARLES L JR.  
1358 THOMASWOOD DRIVE  
TALLAHASSEE, FL 32308

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 \_\_\_\_\_  
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, 2004

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME Legacy Communities, LLC  
STREET ADDRESS 3520 Thomasville Rd. Ste 200  
CITY - ST - ZIP Tallahassee, FL 32309

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

REINSTATEMENT

W/penalty

504132913043

05/04/04 90025 059

\$50

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