

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L04000002341

FILED
Sep 24, 2007
Secretary of State

Entity Name: THE LEGACY GROUP LLC

Current Principal Place of Business:

240 S. PINEAPPLE AVE
803
SARASOTA, FL 34236

New Principal Place of Business:

6455 ROYAL TERN CIRCLE
BRADENTON, FL 34202

Current Mailing Address:

240 S. PINEAPPLE AVE
803
SARASOTA, FL 34236

New Mailing Address:

6455 ROYAL TERN CIRCLE
BRADENTON,, FL 34202

FEI Number: 90-0137557

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, MARK R
240 S. PINEAPPLE AVE STE 803
803
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

CLARK, MARK R
6455 ROYAL TERN CIRCLE
BRADENTON, FL 34202 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: MARK R CLARK

09/24/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CLARK, MARK R
Address: 240 S. PINEAPPLE AVE STE 803
City-St-Zip: SARASOTA, FL 34236

Title: MGR () Delete
Name: KIMBERLY WALLACE AND, DONALD WALLAC E TBE
Address: 4308 BRYANTS POND LANE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: CLARK, MARK R
Address: 6455 ROYAL TERN CIRCLE
City-St-Zip: BRADENTON, FL 34202

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: MARK R CLARK

MGR

09/24/2007

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