Apr 28, 2008 8:00 am Secretary of State **2008 LIMITED LIABILITY COMPANY** ANNUAL REPORT DOCUMENT # L04000059569 04-28-2008 90061 039 ***138.75 1. Entity Name LEGACY TRAIL LLC 60030304 Principal Place of Business Mailing Address **475 TOWN PLACE 475 TOWN PLACE** The state of the s SUITE 120 SUITE 120 ST. AUGUSTINE, FL 32092 ST. AUGUSTINE, FL 32092 01252008 No Chg-LLC DO NOT WRITE IN THIS SPACE 4. FEI Number 20-1861768 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent F&L CORP. DO NOT WRITE ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202 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, typed or printed name of registered agent and title if applicable (NQTE: Registered Agent signature required when rainstating) FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

MANAGING MEMBERS/MANAGERS

THE CROWLEY GROUP OF FLORIDA LLC

475 TOWN PLACE, SUITE 120 ST. AUGUSTINE, FL 32092

DO NOT WRITE IN THIS SPACE

FILED

CR2E083 (12/07)

Applied For

\$5.00 Additional

Fee Required

Not Applicable

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

9.

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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MGRM

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAG NG MEMBER, OR AUTHORIZED REPRESENTATIV

904-940.2441

Daytime Phone #