


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

04-18-2005 90083 030 \*\*\*\*50.00

|  |   |
|--|---|
| <b>DOCUMENT #</b> L04000069141                                   |  |
| <b>1. Entity Name</b><br>LEGACY COMMUNITIES OF DEFOORS FARM, LLC |   |

40033321

|   |   |
|---|---|
| <b>Principal Place of Business</b><br>3520 THOMASVILLE ROAD, SUITE 200<br>TALLAHASSEE, FL 32309 | <b>Mailing Address</b><br>3520 THOMASVILLE ROAD, SUITE 200<br>TALLAHASSEE, FL 32309 |
|---|---|

|                                       |                           |
|---------------------------------------|---------------------------|
| <b>2. Principal Place of Business</b> | <b>3. Mailing Address</b> |
| Suite, Apt. #, etc.                   | Suite, Apt. #, etc.       |
| City & State                          | City & State              |
| Zip                                   | Country                   |

04042005 Chg-LLC CR2E083 (10/03)

|  |                                       |
|--|---------------------------------------|
| <b>4. FEI Number</b><br>20-1618147                               | <b>Applied For</b><br>Not Applicable  |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> | <b>\$5.00 Additional Fee Required</b> |

|  |  |
|--|--|
| <b>6. Name and Address of Current Registered Agent</b><br>COOPER, CHARLES L JR.<br>3520 THOMASVILLE ROAD, SUITE 200<br>TALLAHASSEE, FL 32309 | <b>7. Name and Address of New Registered Agent</b> |
|  | 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) **DATE** \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2005**

**Make check payable to  
Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS   |                                 | 10. ADDITIONS/CHANGES                                 |   |
|--|---------------------------------|---|---|
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| MGRM<br>Legacy Communities LLC<br>3520 Thomasville Rd Ste 200<br>Tallahassee, FL 32309 |                                 |   |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  |                                 |   |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  |                                 |   |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  |                                 |   |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  |                                 |   |   |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                  | <input type="checkbox"/> Delete | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|  |                                 |   |   |

**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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-14-05 678-530-0723