

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 26, 2005 8:00 am
Secretary of State

08-26-2005 90086 002 ****50.00

DOCUMENT # L04000084210

1. Entity Name
LEGACY PROPERTY INVESTMENTS, LLC



Principal Place of Business
7752 FORESTAY DRIVE
LAKE WORTH, FL 33467

Mailing Address
7752 FORESTAY DRIVE
LAKE WORTH, FL 33467

20067268



2. Principal Place of Business

6542 HYPOLEX RD.

3. Mailing Address

6542 HYPOLEX RD.

Suite, Apt. #, etc.

300

Suite, Apt. #, etc.

300

08242005

Chg-LLC

CR2E083 (10/03)

City & State

LAKE WORTH, FL

City & State

LAKE WORTH, FL

4. FEI Number

36-4564015

Applied For

Not Applicable

Zip

33467

Country

USA

Zip

33467

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HERSH, STEPHANIE B
7752 FORESTAY DRIVE
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent

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

Stephanie B Hersh

8/24/05

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 September 7, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME HERSH, STEPHANIE B
STREET ADDRESS 7752 FORESTAY DRIVE
CITY-ST-ZIP LAKE WORTH, FL 33467

TITLE MGRM ☐ Delete
NAME FORTUNATO, SUSAN J
STREET ADDRESS 1347 PEBBLE RIDGE LANE
CITY-ST-ZIP WEST PALM BEACH, FL 33411

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

Susan Fortunato

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

8/24 561-784-3919