

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-05-2006 90022 001 ****50.00

DOCUMENT # L05000022606

1. Entity Name
LEGACY COMMUNITIES OF PINE VALLEY WOODS, LLC



Principal Place of Business
**3520 THOMASVILLE ROAD, SUITE 200
TALLAHASSEE, FL 32309**

Mailing Address
**3520 THOMASVILLE ROAD, SUITE 200
TALLAHASSEE, FL 32309**

30005177



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02162006 Chg-LLC CR2E083 (11/05)

4. FEI Number

20-2272466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COOPER, CHARLES L
3520 THOMASVILLE ROAD, SUITE 200
TALLAHASSEE, FL 32309**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

Mng Mmbr.
Legacy Communities, LLC ☐ Delete
3520 Thomasville Rd. Ste. 200
Tallahassee, FL 32309

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

☐ Delete
TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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

☐ Delete
TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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

☐ Delete
TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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

☐ Delete
TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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

☐ Delete
TITLE NAME
STREET ADDRESS
CITY- ST- ZIP

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

11. I hereby certify that the information supplied with this filing 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 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 #

3-22-06 678-2184808