

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059287

FILED  
May 09, 2007  
Secretary of State

Entity Name: ELITE LEGACY ESTATES LLC

**Current Principal Place of Business:**

515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

812 JAQUELINE LN  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301

**New Mailing Address:**

812 JAQUELINE LN  
TALLAHASSEE, FL 32304

FEI Number: 20-3023022      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301      US

**Name and Address of New Registered Agent:**

IRONS, PAUL A MR.  
812 JAQUELINE LN  
TALLAHASSEE, FL 32304      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: PAUL ALVIN IRONS

05/09/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES      ( ) Delete  
Name: BOULWARE, MICHAEL  
Address: 11219 NE 116TH PLACE  
City-St-Zip: KIRKLAND, WA 98034

**ADDITIONS/CHANGES:**

Title: PRES      (X) Change      ( ) Addition  
Name: IRONS, PAUL  
Address: 4827 BANCROFT DR  
City-St-Zip: NEW ORLEANS, LA 70122

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: PAUL ALVIN IRONS

MR.

05/09/2007

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