2006 LIMITED LIABILITY COMPANY

May 03, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L05000063249 05-03-2006 90032 015 ****50.00 LEGACY FAMILY HOLDINGS, LLC Principal Place of Business Mailing Address 60035486 21562 LITTLE BEAR LANE 21562 LITTLE BEAR LANE BOCA RATON, FL 33428 BOCA RATON, FL 33428 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04082006 CR2E083 (11/05) 4. FEI Number 20:29/7626 Applied For City & State City & State Not Applicable \$5.00 Additional Zio Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FATTA, MARK L Street Address (P.O. Box Number is Not Acceptable) 21562 LITTLE BEAR LANE BOCA RATON, FL 33428 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 reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2006 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGR TIDE ☐ Change ☐ Addition TILE Delete FATTA, MARK L NAME NAME STREET ADDRESS STREET ADDRESS 21562 LITTLE BEAR LANE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33428 ☐ Delete ☐ Change ☐ Addition TITLE FATTA, LOUIS NAME NAME 24 OVERHILL LINE STREET ADDRESS STREET ADDRESS WARWICK, NY 10990 CITY-ST-ZIP CITY-ST-ZIP ☐ Dalete Ctange ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY - ST - ZIP Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE

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 or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

NAME STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

☐ Delete

TED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME STREET ADDRESS

TITLE

CITY-ST-ZIP

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