2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2009
Secretary of State

DOCUMENT# L05000068855

Entity Name: LEGACY COVE, LLC.

Current Principal Place of Business:

274 CHIPOLA COVE
DESTIN, FL 32541

New Principal Place of Business:

209 BAYWIND DRIVE
NICEVILLE, FL 32578

Current Mailing Address:

274 CHIPOLA COVE
DESTIN, FL 32541

New Mailing Address:

209 BAYWIND DRIVE
NICEVILLE, FL 32578

FEI Number: 20-3139994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PLEAT, DAVID B
4477 LEGENDARY DR.
SUITE 202
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BURKE, JOHN T JR
Address: 209 BAYWIND DR
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM ( ) Delete
Name: BURKE, SEAN M
Address: 274 CHIPOLA COVE
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change ( ) Addition
Name: BURKE, SEAN M
Address: 209 BAYWIND DRIVE
City-St-Zip: NICEVILLE, FL 32578

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: JOHN T BURKE MGR 04/17/2009

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