2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000073177

Entity Name: BOURNE LEGACY ENTERPRISES, LLC

FILED May 01, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13833 WELLINGTON TRACE E4-156 13833 WELLINGTON TRACE WELLINGTON, FL 33414

E4-156

WELLINGTON, FL 33414

Current Mailing Address: New Mailing Address:

13833 WELLINGTON TRACE E4-156 13833 WELLINGTON TRACE WELLINGTON, FL 33414

E4-156

WELLINGTON, FL 33414

FEI Number: 43-2084577 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: Name and Address of New Registered Agent:

KYM BOURNE, GABRIELLE BOURNE, GABRIELLE KYM 13833 WELLINGTON TRACE E4-156 13833 WELLINGTON TRACE WELLINGTON, FL 33414 E4-156

WELLINGTON, FL 33414 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: GABRIELLE KYM BOURNE 05/01/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: (X) Change () Addition KYM BOURNE, GABRIELLE BOURNE, GABRIELLE KYM Name: Name:

Address: 13833 WELLINGTON TRACE E4-156 Address: 13833 WELLINGTON TRACE E4-156

City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33414

Title: () Delete Title: MGR () Change (X) Addition

Name: Name: VERA, MANDY

Address: Address: 13833 WELLINGTON TRACE E4-156

City-St-Zip: City-St-Zip: WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the 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: GABRIELLE KYM BOURNE **MGRM** 05/01/2006