2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2007
Secretary of State

DOCUMENT# L05000073177

Entity Name: BOURNE LEGACY ENTERPRISES, LLC

Current Principal Place of Business:

13833 WELLINGTON TRACE
E4-156
WELLINGTON, FL 33414

New Principal Place of Business:

Current Mailing Address:

13833 WELLINGTON TRACE
E4-156
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 43-2084577 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

BOURNE, GABRIELLE
13833 WELLINGTON TRACE
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 BOURNE 04/29/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGRM	( ) Delete
Name:	BOURNE, GABRIELLE KYM	
Address:	13833 WELLINGTON TRACE E4-156	
City-St-Zip:	WELLINGTON, FL 33414	

Title:	MGR	( ) Delete
Name:	VERA, MANDY	
Address:	13833 WELLINGTON TRACE E4-156	
City-St-Zip:	WELLINGTON, FL 33414	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	BOURNE, GABRIELLE	
Address:	13833 WELLINGTON TRACE E4-156	
City-St-Zip:	WELLINGTON, FL 33414	

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

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: GABRIELLE BOURNE MGRM 04/29/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date