


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 25, 2006 8:00 am
Secretary of State

06-28-2006 90096 008 ****50.00

DOCUMENT # L05000081244	
1. Entity Name LEGACY HILLS, LLC	

Principal Place of Business 1146 CELEBRATION BLVD. CELEBRATION, FL 34747	Mailing Address 1146 CELEBRATION BLVD. CELEBRATION, FL 34747
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2. Principal Place of Business 215 Celebration Blvd	3. Mailing Address 215 Celebration Blvd
Suite, Apt. #, etc. 500	Suite, Apt. #, etc. 500
City & State Celebration, FL	City & State Celebration, FL
Zip 34747	Zip 34747
Country	Country

06212006 Chg-LLC CR2E083 (11/05)

4. FEI Number 20-3349665	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ANDERSON, WENDY R 100 S. ORANGE AVE. SUITE 200 ORLANDO, FL 32801
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7. Name and Address of New Registered Agent Name Ballantine, Jeffrey B. Street Address (P.O. Box Number is Not Acceptable) 215 Celebration Blvd. Suite 500 City Celebration FL Zip Code 34747
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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 	DATE
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Filing Fee is \$50.00 Due by September 8, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BALLANTINE, JEFFREY 1146 CELEBRATION BLVD. CELEBRATION, FL 34747 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing 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.

SIGNATURE: 	DATE	Daytime Phone #
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ATTACHMENT

30612208

Florida Department of State
Division of Corporations

LEGACY HILLS, LLC
Document # L02000014784
EIN: 81-0564710

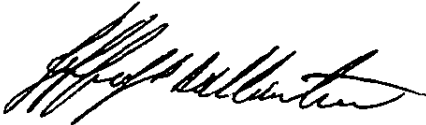
I DID NOT receive and FAILED TO FILE a timely form UBR for 2006 for LEGACY HILLS, LLC. I did not receive and was unaware of the filing and deadline requirements of FORM UBR. I have just acquired an accountant who has informed me that I should have filed this form by 05/01/2006.

I am requesting that the department of state remove the penalty and accept my renewal as is. This was an honest mistake and many steps have been put into place to avoid these errors in the future. I take these filing requirements very seriously and only want to do the right thing.

I would appreciate any assistance in reference to this matter.

If you have any questions, please call Scott P. Long at (407) 343-5590 and he will be happy to help you.

Thank you,



Jeff B. Ballantine
MGRM