

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000088528

Entity Name: LEGACY BOATING CLUB, LLC

FILED
Mar 29, 2007
Secretary of State

Current Principal Place of Business:

BAY POINT MARINA
3824 HATTERAS LANE
PANAMA CITY BEACH, FL 32408

New Principal Place of Business:

Current Mailing Address:

4058 LAUREN COURT
DESTIN, FL 32541

New Mailing Address:

225 MAIN STREET SUITE 7A
DESTIN, FL 32541

FEI Number: 20-3440425

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHACKELFORD, FLETCHER
4058 LAUREN CT.
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

SHACKELFORD, FLETCHER
225 MAIN STREET SUITE 7A
DESTIN, FL 32541 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: CHARLES FLETCHER SHACKELFORD
Electronic Signature of Registered Agent

03/29/2007
Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SHACKELFORD, FLETCHER
Address: 4058 LAUREN CT
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Delete
Name: LBC HOLDINGS, INC.,
Address: 690 REGATTA BAY BLVD.
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: LBC HOLDINGS, INC.,
Address: 225 MAIN STREET SUITE 7A
City-St-Zip: DESTIN, FL 32541

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: CHARLES FLETCHER SHACKELFORD MGR 03/29/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date