

2007 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000094511

FILED
Sep 19, 2007
Secretary of State

Entity Name: LEGACY LIVING AT LAGO VISTA PHASE I, LLC

Current Principal Place of Business:

2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33134 US

New Mailing Address:

FEI Number: 20-3528227

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD
SUITE 1050
CORAL GABLES, FL 33134 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: ANTONIO GARCIA

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SASTRE, BRYAN F
Address: 2121 PONCE DE LEON BLVD SUITE 1050
City-St-Zip: CORAL GABLES, FL 33134 US

Title: MGR () Delete
Name: SEGREGO, FRANK J
Address: 2121 PONCE DE LEON BLVD
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES:

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

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: BRYAN FERNANDEZ SASTRE

MGR

09/19/2007

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