## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT # L05000096686



FILED
Apr 17, 2006 8:00 am
Secretary of State
04-05-2006 90021 017 \*\*\*\*50.00

LEGACY (	COMMUNITIES AT RIVER	VIEW, LLC						
Principal Place 3520 THOMA TALLAHASSEE	SVILLE ROAD, SUITE 200	Mailing Address 3520 THOMASVILLE R TALLAHASSEE, FL 32:			N BRAY GIZI BARI BIN BA	a a 100 (010 £110 £	TITI GUET DIG	FEI SIN LÊ BE
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02162006	Chg-LLC	CR2E083	(11/05)	
City & State		City & State		4. FEI Numb	3486290	0	$\rightarrow$	plied For t Applicable
Zip	Country	Zip	Country	5. Certificate	e of Status Desired		00 Add Regulred	
	6. Name and Address of Current	Registered Agent	Name	7, Name an	d Address of New R	egistered Age	nt	
3520 THO	CHARLES L JR. MASVILLE ROAD, SUITE 200 SSEE, FL 32309			Street Address (P.O. Box Number is Not Acceptable)				
	·		City			FL	Zip Code	)
the obligati	named entity submits this statement to one of registered agent. Signature, hybrid or provided name of registered agent.		E: Registered Agent signature requi			DATE		
	ling Fee is \$50.00 se by May 1, 2006					e check paya Department		ı
9.	Managing MEMBE		10.		ADDITIONS			
TITLE HAME STREET ADDRESS CITY-ST-ZP	Legacy Communities, 3520 Thomasville Rd.	Ste. 200	TITLE NAME STREET ADDRESS GITY-ST-ZIP			נו	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tallahassee, FL 3230	. Deteta	TITLE NAME STREET ADDRESS CITY-SI-24P			Ō	Change	Addition
STILE  NAME  STREET ADDRESS  CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			٥	Change	Addition
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indicated	certity that the information supplied with on this report is true and accurate and ibility company or the receiverer truste	i thai my signature shall have	the same lead effect as	if made under oat apter 608, Florida	n; that I am a manat	ging member or	manage	rokine

SIGNATURE: 50-06 678-219-4808 | SIGNATURE AND TYPED OR PRINTED MAKE OF BIGHING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE DAID TYPED OR PRINTED MAKE OF BIGHING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE