## 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE: SIGNATURE AND TYPED OR PROTTED NAME OF BIGNOR MANAGER, MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

## Apr 17, 2006 8:00 am Secretary of State **DOCUMENT # L05000096695** 04-05-2006 90021 004 \*\*\*\*50.00 1. Entity Name LEGACY COMMUNITIES AT LEGACY RIDGE, LLC Principal Place of Business Mailing Address -----3520 THOMASVILLE ROAD, SUITE 200 3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE, FL 32309 TALLAHASSEE, FL 32309 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 Number 20-34/8380 Applied For Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COOPER, CHARLES L JR. 3520 THOMASVILLE ROAD, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE, FL 32309 City Zip Code FL 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 Signature, typed to printed name of regularied agent and tide it applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee Is \$50.00 Due by May 1, 2008 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. 10. ADDITIONS/CHANGES TITLE TITLE ☐ Change ☐ Addition Legacy Communities, LLC NAME MANE STREET ADDRESS 3520 Thomasville Rd. Ste. 200 STREET ADDRESS CITY-ST-ZIP CITY - ST - 719 Tallahassee, FL 32309 TITLE ☐ Delete Channe ☐ Addition NAME NAME STREET ADDRESS STREET ACCORESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME HAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TULE ☐ Delete TITLE ☐ Change Addition HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZW गाए Detate TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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 flability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

3-22-06

FILED