2006 LIMITED LIABILITY COMPANY

ANNUAL REPORT

DOCUMENT # L05000096708



FILED Apr 17, 2006 8:00 am Secretary of State 04-05-2006 90021 013 ****50.00

LEGACY	COMMUNITIES AT THAXT	ON RESERVE, LLO	2						
Principal Place of Business 3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE, FL 32309		Mailing Address 3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE, FL 32309				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
2. Principal Pl	ace of Business	3. Mailing Address	i. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			02162008	Chg-LLC	CR2E083 (11/0	5)	
City & State		City & State		4. FEI Num	bel		Applied For Not Applicable		
Zip Country		Zip	Country			e of Status Desired	\$5.00 / Fee Regu	Additional	
	6. Name and Address of Current I	Registered Agent			7 Name an	d Address of New R	<u>.</u>		
P. Danie and Line, see A. A Strain Lafterera Chain				Name					
COOPER, CHARLE L JR. 3520 THOMASVILLE ROAD, SUITE 200 TALLAHASSEE, FL 32309				Street Address (P.O. Box Number is Not Acceptable)					
				City E4 Zip Code					
i				City			FL Zpc		
	named entity submits this statement for ions of registered agent.	the purpose of changing it	s register	ed office or regi	stered agent, or b	oth, in the State of Flo	rida. I em lamilier wi	th, and accept	
SIGNATURE .	Signature, typed or prested name of registered agent a	and little if applicable (NO	ITE: Registers	d Agent signature req	pulsed when reinstating)		DATE		
Filing Fee is \$50.00 Due by May 1, 2006						Make check payable to Florids Department of State			
9,	MANAGING MEMBEI	RS/MANAGERS	10.			ADDITIONS/	CHANGES	····	
TITLE	Ming Mimbr.	☐ Delete	TITL	1			☐ Chang	e Addition	
NAME	Legacy Communities, LLC		NAM	ε					
STREET ADDRESS	1 0020 Thomasville Ma. Otc. 200		STREET AOORESS						
CITY-ST-ZIP			CITY	- 5T - ZIP					
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NAME			NAM						
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NAME		CT Office	NAME	· 1			_ ~~*	, CI MOULON	
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CATY-ST-ZIP			СПУ	- \$T - ZIP					
TITLE		☐ Delete	TITL	- i			☐ Chang	e 🔲 Addition	
NAME			NAN	- 1					
STREET ADDRESS CITY-ST-ZIP				EET ADORESS '- ST-ZIP	٠				
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STREET ADDRESS				EET ADDRESS					
CITY-ST-ZIP			4	- ST - ZiP					
TOLE		☐ Delete	TITL				☐ Chang	e 🔲 Addition	
NALEE		_ 0000	NAL						

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 II 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:
SEQUATURE AND TYPED OR PRINTED HAME OF STORING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

3-22-04