

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000101908

FILED  
Apr 30, 2007  
Secretary of State

**Entity Name:** LEGACY REAL ESTATE INVESTMENT SERVICES, LLC

**Current Principal Place of Business:**

240 S. PINEAPPLE AVENUE  
SUITE 803  
SARASOTA, FL 34236

**New Principal Place of Business:**

**Current Mailing Address:**

240 S. PINEAPPLE AVENUE  
SUITE 803  
SARASOTA, FL 34236

**New Mailing Address:**

**FEI Number:** 26-0127491

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CLARK, MARK R  
240 S. PINEAPPLE AVENUE  
SUITE 803  
SARASOTA, FL 34236 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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: CLARK, MARK R  
Address: 6455 ROYAL TERN CIRCLE  
City-St-Zip: BRADENTON, FL 34202

Title: MGRM ( ) Delete  
Name: HOCHMANN, DANNY  
Address: 240 S. PINEAPPLE AVENUE  
City-St-Zip: SARASOTA, FL 34236

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: KIMBERLY WALLACE AND, DONALD WALLAC E TBE  
Address: 4308 BRYANTS POND LANE  
City-St-Zip: SARASOTA, FL 34233

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: MARK R CLARK

MGR

04/30/2007

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