## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Jun 04, 2007 8:00 am Secretary of State

DOCUMENT # L05000107053  1. Entity Name LEGACY ESTATES, LLC						06-04-2007 90452 023 ****50.00				
Principal Place of Business Mailing Address 4810 EUROPA DRIVE P.O. BOX 9368 NAPLES, FL 34105 NAPLES, FL 341							FI NIBYL PANYI I PI	tri dalet 81388 (1		
Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04232007	Chg-LLC	CR2E0	83 (12/06)			
City & State		City & State		4. FEI Number 20-374			<del> </del>	oplied For of Applicable		
Zip	Country	Zip	Cour	ntry	5. Certificate	of Status Desired		\$5.00 Add Fee Require	ditional d	
	6. Name and Address of Curren	t Registered Agent			7. Name and	Address of New R	egistered A	gent		
		<b>\</b>		Name						
MORRIS, WILLIAM G 247 N. COLLIER BLVD., SUITE 202 MARCO ISLAND, FL 34145				Street Address	(P.O. Box Number is Not Acceptable)					
		•		City			FL	Zip Cod	e	
	named entity submits this statement fitions of registered agent.	or the purpose of changing its	s register	d office or regist	ered agent, or bot	th, in the State of Flo		amiliar with,	and accept	
SIGNATURE	-	19/64			_	-				
	Signature, typed or printed name of registered agen	t and title if applicable, (NO)	E: Registere	d Agent signature requi	red when reinstaling)		DATE			
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9.	MANAGING MEMB MGR CABRAL, COREY		TITLE	f		Florida	Departme	ent of State		
9. HITLE NAME STREET ADDRESS	MANAGING MEMB MGR CABRAL, COREY 4810 EUROPA DRIVE		TITLE NAM STRE	ET ADDRESS		Florida	Departme	ent of State		
9. HITE NAME STREET ADDRESS CITY-ST-2IP	MANAGING MEMB MGR CABRAL, COREY	☐ Oslete	TITLE NAM STRE CITY	F ET ADDRESS - ST-ZIP		Florida	Departme	Change	Addition	
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11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is gue 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 liability company of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE