



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90049 035 ****50.00

DOCUMENT # L05000121090 1. Entity Name LEGACY HIGH POINTE, LLC					
Principal Place of Business 233 S. SEMORAN BLVD. ORLANDO, FL 32807			Mailing Address 233 S. SEMORAN BLVD. ORLANDO, FL 32807		
2. Principal Place of Business 976 Lake Baldwin LN Suite, Apt. #, etc. Suite 201 City & State Orlando Florida Zip 32814		3. Mailing Address 976 Lake Baldwin LN Suite, Apt. #, etc. Suite 201 City & State Orlando Florida Zip 32814			
4. FEI Number 14-1944475				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04272006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent MARCHENA, MARCOS R 233 S. SEMORAN BLVD ORLANDO, FL 32807			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 976 LAKE BALDWIN LN Suite 201 City Orlando FL Zip Code 32814		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARCHENA, MARCOS R 233 S. SEMORAN BLVD ORLANDO, FL 32807	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	976 Lake Baldwin LN Suite 201 Orlando FL 32814
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____ MARCOS R MARCHENA 4/27/06 407-658-8560 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone</small>					