

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000019840

FILED  
May 13, 2008  
Secretary of State

**Entity Name:** LEGACY PROPERTY MANAGEMENT OF ST. AUGUSTINE, L.L.C.

**Current Principal Place of Business:**

258 FIDDLERS POINT DRIVE  
ST. AUGUSTINE, FL 32080

**New Principal Place of Business:**

**Current Mailing Address:**

258 FIDDLERS POINT DRIVE  
ST. AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

WHITEMAN, JOHN L  
170 MALAGA STREET, SUITE A  
ST. AUGUSTINE, FL 32084 US

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: SNODGRASS, GARY P  
Address: 258 FIDDLERS POINT DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

Title: MGR ( ) Delete  
Name: SNODGRASS, SHERMAN G  
Address: 712 OCEAN PALM WAY  
City-St-Zip: ST. AUGUSTINE, FL 32080 US

**ADDITIONS/CHANGES:**

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

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

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: GARY P SNODGRASS

MNGR

05/13/2008

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