## 2008 LIMITED LIABILITY COMPANY

## Apr 21, 2008 08:00 All Secretary of State **ANNUAL REPORT** DOCUMENT # L06000089925 1. Entity Name THE LEDGEND LLC Principal Place of Business Mailing Address 4985 KEENELAND CIRCLE 4985 KEENELAND CIRCLE ORLANDO, FL 32819 US ORLANDO, FL 32819 US 04092008 No Chg-LLC CR2E083 (12/07) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number NOT APPLICABLE Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LIPTON, STAN DO NOT WRITE 4985 KEENELAND CIRCLE ORLANDO, FL 32819 IN THIS SPACE 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. If am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed callie of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$138.75 0000000907894 After May 1, 2008 Fee will be \$538.75 05/06/08-80008-005 138.75 MANAGING MEMBERS/MANAGERS 9. MGR THILE LIPTON, STAN **JMAN** 4985 KEENELAND CIRCLE STREET ADDRESS. CHY-SI-JIP ORLANDO, FL 32819 TITLE NAME STREET ALIDRESS CITY-S1-ZiP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MAME STREET ADORESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY-ST ZIP THE MAINE

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 frug 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 hability company for the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

STREET ADDRESS

STAN LIPTON SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED**