

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118641

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** LEGACY VENTURES SANTIAGO LLC

**Current Principal Place of Business:**

4911 NEW PROVIDENCE AVENUE  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 10103  
TAMPA, FL 33679

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

LITSCHGI, VALERIE  
601 BAYSHORE BLVD.  
SUITE 700  
TAMPA, FL 33606 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: LITSCHGI, ALBERT B JR.  
Address: P. O. BOX 10103  
City-St-Zip: TAMPA, FL 33679

Title: MGR                      ( ) Delete  
Name: RINKER, CHRIS  
Address: P. O. BOX 10846  
City-St-Zip: TAMPA, FL 33679

**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: CHRIS RINKER

MGR

04/30/2007

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