


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

03-20-2007 90142 038 \*\*\*\*50.00

|  |   |  |   |  |  |
|--|---|--|---|--|--|
| <b>DOCUMENT # L06000119179</b><br>1. Entity Name<br><b>VMJ LEGACY, LLC</b>   |   |  |   |   |  |
| Principal Place of Business<br><b>151 MARY ESTHER BLVD, SUITE 407</b><br><b>MARY ESTHER, FL 32569</b>  |   |  | Mailing Address<br><b>151 MARY ESTHER BLVD, SUITE 407</b><br><b>MARY ESTHER, FL 32569</b> |  |  |
| 2. Principal Place of Business - No P.O. Box #   |   | 3. Mailing Address   |   |  |  |
| Suite, Apt. #, etc.  |   | Suite, Apt. #, etc.  |   |  |  |
| City & State   |   | City & State   |   | 4. FEI Number<br><b>20-8045629</b>   |  |
| Zip  |   | Zip  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>PITELL, LISA Y</b><br><b>4400 E. HWY 20, SUITE 202</b><br><b>NICEVILLE, FL 32578</b>   |   |  |   | 7. Name and Address of New Registered Agent<br><br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____  |   |  |   |  |  |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2007</b>  |   | <b>Make check payable to</b><br><b>Florida Department of State</b> |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |   |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>BURNS, WILLIAM D<br>151 MARY ESTHER BLVD, SUITE 407<br>MARY ESTHER, FL 32569      | <input type="checkbox"/> Delete                                    |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>ADKINS-BURNS, JULIA F<br>151 MARY ESTHER BLVD, SUITE 407<br>MARY ESTHER, FL 32569 | <input type="checkbox"/> Delete                                    |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>ADKINS-BURNS, JULIA F<br>151 MARY ESTHER BLVD, SUITE 407<br>MARY ESTHER, FL 32569 | <input type="checkbox"/> Delete                                    |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>ADKINS-BURNS, JULIA F<br>151 MARY ESTHER BLVD, SUITE 407<br>MARY ESTHER, FL 32569 | <input type="checkbox"/> Delete                                    |   |  |  |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>ADKINS-BURNS, JULIA F<br>151 MARY ESTHER BLVD, SUITE 407<br>MARY ESTHER, FL 32569 | <input type="checkbox"/> Delete                                    |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGRM<br>ADKINS-BURNS, JULIA F<br>151 MARY ESTHER BLVD, SUITE 407<br>MARY ESTHER, FL 32569 | <input type="checkbox"/> Delete                                    |   |  |  |
| 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. |   |  |   |  |  |
| <b>SIGNATURE:</b> <u>Julia Adkins-Burns</u> <u>3-16-07</u> <u>850-2448493</u>  |   |  |   |  |  |