

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000029615

FILED
Mar 27, 2008
Secretary of State

Entity Name: LEGACY ASSOCIATES, LLC

Current Principal Place of Business:

590 SW ARLINGTON BOULEVARD
SUITE 113
LAKE CITY, FL 32025 US

New Principal Place of Business:

Current Mailing Address:

590 SW ARLINGTON BOULEVARD
SUITE 113
LAKE CITY, FL 32025 US

New Mailing Address:

FEI Number: 20-8671253 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EDGLEY, KIMMY
590 SW ARLINGTON BOULEVARD
SUITE 113
LAKE CITY, FL 32025 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: MGRM () Delete
Name: EDGLEY, KIMMY
Address: 590 SW ARLINGTON BOULEVARD, SUITE 113
City-St-Zip: LAKE CITY, FL 32025 US

Title: MGRM () Delete
Name: PEELER, ALICE
Address: 9878 HIGHWAY 441 SOUTH
City-St-Zip: LAKE CITY, FL 32025 US

Title: MGRM () Delete
Name: EDGLEY, DOUG
Address: 590 SW ARLINGTON BOULEVARD, SUITE 113
City-St-Zip: LAKE CITY, FL 32025 US

Title: MGRM () Delete
Name: PEELER, RAYMOND
Address: 9878 HIGHWAY 441 SOUTH
City-St-Zip: LAKE CITY, FL 32025 US

ADDITIONS/CHANGES:

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

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

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: KIMMY EDGLEY

MGRM

03/27/2008

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