

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000038384

Entity Name: LEGACY PROPERTIES, LLC

FILED  
Apr 29, 2008  
Secretary of State

**Current Principal Place of Business:**

2535 US HIGHWAY 19  
HOLIDAY, FL 34691

**New Principal Place of Business:**

**Current Mailing Address:**

2535 US HIGHWAY 19  
HOLIDAY, FL 34691

**New Mailing Address:**

FEI Number: 26-0634682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

VALDES, CHANDRE  
8642 GREEN ST.  
PORT RICHEY, FL 34668 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: WILLIAMS, CAROL  
Address: 1884 CAMEO WAY  
City-St-Zip: CLEARWATER, FL 33760

Title: MGRM ( ) Delete  
Name: VALDES, CHANDRE  
Address: 8642 GREEN ST.  
City-St-Zip: PORT RICHEY, FL 34668

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: WILLIAMS, CAROL  
Address: 611 S FORT HARRISON  
City-St-Zip: CLEARWATER, FL 33760

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: CHANDRE VALDES

MGRM

04/29/2008

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