2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000042875

Entity Name: LEGENDS COVE, LLC

Current Principal Place of Business:	**New Principal Place of Business:**
8470 ENTERPRISE CIRCLE, SUITE 300 BRADENTON, FL 34202	

Current Mailing Address:	**New Mailing Address:**
8470 ENTERPRISE CIRCLE, SUITE 300 BRADENTON, FL 34202	

FEI Number: 20-8962972   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
SANCHEZ, ALBERT A JR 8470 ENTERPRISE CIRCLE SUITE 300 BRADENTON, FL 34202 US	

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: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	SANCHEZ, ALBERT A JR.	Name:	
Address:	8470 ENTERPRISE CIRCLE, SUITE 300	Address:	
City-St-Zip:	BRADENTON, FL 34202	City-St-Zip:	

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	RUBEN, WAYNE M	Name:	
Address:	1991 MAIN STREET, SUITE 208	Address:	
City-St-Zip:	SARASOTA, FL 34236	City-St-Zip:	

Title:	MGR ( ) Delete	Title:	MGR (X) Change ( ) Addition
Name:	BAND, DAVID S	Name:	BAND, DAVID S
Address:	240 SOUTH PINEAPPLE AVENUE	Address:	ONE SOUTH SCHOOL AVENUE, STE 500
City-St-Zip:	SARASOTA, FL 34236	City-St-Zip:	SARASOTA, FL 34237

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: DAVID S. BAND   MGR   04/30/2009
_____
       Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date