2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2009
Secretary of State

DOCUMENT# L07000101617

Entity Name: LEGACY GYMNASTICS CENTER LLC

Current Principal Place of Business:

4385 FRANCES AVENUE
SANFORD, FL 32773

New Principal Place of Business:

143 ATLANTIC DR.
MAITLAND, FL 32751

Current Mailing Address:

4385 FRANCES AVENUE
SANFORD, FL 32773

New Mailing Address:

143 ATLANTIC DR.
MAITLAND, FL 32751

FEI Number: 26-1193102 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WINSTEAD, LISA
4385 FRANCES AVENUE
SANFORD, FL 32773 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:	MCGRATH, VALERIE	
Address:	1543 WESCOTT LOOP	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	MGR	( ) Delete
Name:	MCGRATH, JOHN	
Address:	1543 WESCOTT LOOP	
City-St-Zip:	WINTER SPRINGS, FL 32708	
Title:	MGR	( ) Delete
Name:	WINSTEAD, ROBERT M	
Address:	4385 FRANCES AVENUE	
City-St-Zip:	SANFORD, FL 32773	
Title:	MGR	( ) Delete
Name:	WINSTEAD, LISA	
Address:	4385 FRANCES AVENUE	
City-St-Zip:	SANFORD, FL 32773	

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: LISA WINSTEAD OWNE 02/11/2009

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