

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000119974

FILED
Apr 24, 2008
Secretary of State

Entity Name: LEGACY GROUP PROPERTIES, LLC

Current Principal Place of Business:

10015 IAN'S RIDGE ROAD
ORLANDO, FL 32832

New Principal Place of Business:

Current Mailing Address:

10015 IAN'S RIDGE ROAD
ORLANDO, FL 32832

New Mailing Address:

FEI Number: 26-1517260

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

INCORPORATE USA, INC.
3150 SANDY RIDGE DR
CLEARWATER, FL 33761 US

Name and Address of New Registered Agent:

FOGEL, JOHN D
10015 IAN'S RIDGE ROAD
ORLANDO, FL 32832 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: JOHN D. FOGEL

04/24/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FOGEL, JOHN D
Address: 10015 IAN'S RIDGE ROAD
City-St-Zip: ORLANDO, FL 32832

Title: MGRM () Delete
Name: ANDREWS, JEFFREY C
Address: 15434 FIRELIGHT DRIVE
City-St-Zip: WINTER GARDENS, FL 34787

Title: MGRM () Delete
Name: FOGEL, LESLIE A
Address: 10015 IAN'S RIDGE RD
City-St-Zip: ORLANDO, FL 32832

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:

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: LESLIE FOGEL

MGRM

04/24/2008

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