

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051018

FILED
Jun 25, 2009
Secretary of State

Entity Name: LEGENDS QUARTER CIRCLE RANCH, LLC

Current Principal Place of Business:

28544 BAYHEAD ROAD
DADE CITY, FL 33523

New Principal Place of Business:

28544 BAYHEAD ROAD
DADE CITY, FL 33523 US

Current Mailing Address:

28544 BAYHEAD ROAD
DADE CITY, FL 33523

New Mailing Address:

28544 BAYHEAD ROAD
DADE CITY, FL 33523 US

FEI Number: 26-2671863 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CRONIN, MICHAEL T
911 CHESTNUT STREET
CLEARWATER, FL 33756 US

Name and Address of New Registered Agent:

CRONIN, MICHAEL T ESQ
911 CHESTNUT STREET
CLEARWATER, FL 33756 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: MICHAEL T. CRONIN, ESQ.

06/25/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM () Change (X) Addition
Name: LYLE, DAVID G
Address: 28544 BAYHEAD ROAD
City-St-Zip: DADE CITY, FL 33523 US

Title: MGRM () Change (X) Addition
Name: LYLE, LISA R
Address: 28544 BAYHEAD ROAD
City-St-Zip: DADE CITY, FL 33523 US

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 LYLE

MGRM

06/25/2009

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