

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057879

Entity Name: LEGENDARY HOTELS, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

4100 LEGENDARY DRIVE, SUITE 200
DESTIN, FL 32541

New Principal Place of Business:

Current Mailing Address:

4100 LEGENDARY DRIVE, SUITE 200
DESTIN, FL 32541

New Mailing Address:

FEI Number: 61-1570876

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGLER, MITCHELL W
300A WHARFSIDE WAY
JACKSONVILLE, FL 32207 US

Name and Address of New Registered Agent:

LEGLER, MITCHELL W
50 NORTH LAURA STREET
2900
JACKSONVILLE, FL 32202 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:

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete
Name: BOS, PETER H
Address: 4100 LEGENDARY DRIVE, SUITE 200
City-St-Zip: DESTIN, FL 32541

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

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

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BOS, PETER H
Address: 4100 LEGENDARY DRIVE, SUITE 200
City-St-Zip: DESTIN, FL 32541

Title: MGRM () Change (X) Addition
Name: SAWYER, HUGH
Address: 4100 LEGENDARY DR 200
City-St-Zip: DESTIN, FL 32541 US

Title: MGRM () Change (X) Addition
Name: CRAUL, BRUCE
Address: 4100 LEGENDARY DR 200
City-St-Zip: DESTIN, FL 32541 US

Title: MGRM () Change (X) Addition
Name: LEGLER, MITCHELL W
Address: 50 NORTH LAURA ST 2900
City-St-Zip: JACKSONVILLE, FL 32202 US

Title: MGRM () Change (X) Addition
Name: PARKER, WENDY
Address: 4100 LEGENDARY DR 200
City-St-Zip: DESTIN, FL 32541 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: WENDY PARKER

S

04/29/2009

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