



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 14, 2008 08:00 AM
Secretary of State

DOCUMENT # L98000002452 1. Entity Name LEGACY SERVICES OF THE PALM BEACHES, L.L.C.	
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Principal Place of Business 700 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401	Mailing Address 700 NORTH OLIVE AVENUE WEST PALM BEACH, FL 33401
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DO NOT WRITE IN THIS SPACE



01042008No Chg-LLC CR2E083 (12/07)

4. FEI Number 65-0877105	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, AMY E
700 NORTH OLIVE AVENUE
WEST PALM BEACH, FL 33401

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM THALER, MANLEY H 529 FLAGLER DRIVE WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM SCHULTZ, AMY E 132 SORIANO DR JUPITER, FL 33458
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01/16/08-80036-016 138.75

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Amy E. Schultz **AMY E. SCHULTZ** 1/14/08 561-659-1183

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #