2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED Apr 30, 2007 08:00 All Secretary of State DOCUMENT # L99000003822 1. Enlity Name SMITH LEGACY INVESTORS, L.C. Principal Place of Business Mailing Address ONE SAN JOSE PLACE, SUITE 7 JACKSONVILLE FL 32257 ONE SAN JOSE PLACE, SUITE 7 JACKSONVILLE FL 32257 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & Stato Applied For City & State 4. FEI Number 59-3586258 Not Applicable Zıp Country \$5.00 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITH, V. HAWLEY JR. Street Address (P.O. Box Number is Not Acceptable) ONE SAN JOSE PL STE 7 JACKSONVILLE FL 32257 Zip Code City FL 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. (NOTE: Pegistered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10 000☐ Detete THE Addition MGR U000000744330 NAME SMITH, V. HAWLEY JR 05/15/07-80145-009 50.00 STRUET ADDRESS STREET ADDRESS ONE SAN JOSE PLACE, SUITE 7 CHY-SI-ZIP CHY-ST-ZIP JACKSONVILLE FL 32257 Delete ШН ☐ Change Addition SMITH, V. HAWLEY JR STREET ADDRESS ONE SAN JOSE PLACE, SUITE 7 STREET ADDRESS CHY-S1-78 CHY-ST-7IP JACKSONVILLE FL 32257 Addition TIME ☐ Delete Change TELLE DUNGEY, MARY LOUISE STREET ADDRESS STREET ADDRESS 12844 BAY PLANTATION DR. CHY-ST-7P Čiti - SI- Žir JACKSONVILLE FL 32223 HH ☐ Delete Change Addition ST NAMI SMITH, EMILY B STREET ADDRESS 2767 FOREST CIRCLE STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32257 CHY-ST-7tP шш ☐ Delete HILE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP IIILE Delete Change Addition NAMI STREET FADDRESS STRELT ADDRESS CHY-S1-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.