

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004169

Entity Name: LEGENDS, LLC

FILED
Jan 10, 2006
Secretary of State

Current Principal Place of Business:

1220 LEE RD.
ROCHESTER, NY 14606

New Principal Place of Business:

Current Mailing Address:

1220 LEE RD.
ROCHESTER, NY 14606

New Mailing Address:

FEI Number: 16-1507572

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KHURI, FUAD J
Address: 1220 LEE RD.
City-St-Zip: ROCHESTER, NY 14606

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

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: KHURI, FUAD J
Address: 9 PINE ACRES DR.
City-St-Zip: ROCHESTER, NY 14618

Title: COO () Change (X) Addition
Name: KHURI, JAMES F
Address: 4 WINDSCAPE PARK
City-St-Zip: PITTSFORD, NY 14534

I hereby certify that the information supplied with this filing does not qualify for the 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: PATRICIA E WALSH

VP

01/10/2006

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