

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004169

Entity Name: LEGENDS, LLC

FILED  
Jan 04, 2008  
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: CEO ( ) Delete  
Name: KHURI, FUAD J  
Address: 9 PINE ACRES DR.  
City-St-Zip: ROCHESTER, NY 14618

Title: COO ( ) Delete  
Name: KHURI, JAMES F  
Address: 607 HILLCREST RD.  
City-St-Zip: BEVERLY HILLS, CA 90210

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition  
Name: KHURI, FUAD J  
Address: 121 SOUTH CANNON DR. UNIT 302  
City-St-Zip: BEVERLY HILLS, CA 90212

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: PATRICIA EH

CFO

01/04/2008

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