

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2006 8:00 am
Secretary of State

03-24-2006 90218 002 ****50.00



DOCUMENT # M05000004414 1. Entity Name LEGACY COASTAL, L.L.C.	
--	--

Principal Place of Business 43 CAROL VILLA DRIVE MONTGOMERY, AL 36109	Mailing Address 43 CAROL VILLA DRIVE MONTGOMERY, AL 36109
--	---



2. Principal Place of Business 3162 Parliament Circle Suite, Apt. #, etc.	3. Mailing Address PO Box 241888 Suite, Apt. #, etc.
---	--

03222006 Chg-LLC CR2E083 (11/05)

City & State Montgomery AL Zip Country 36116 US	City & State Montgomery AL Zip Country 36124-1888 US
--	---

4. FEI Number 20-3109526	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
-----------------------------	---

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AGENTS AND CORPORATIONS, INC.
 SUITE E
 773 4TH AVENUE NORTH
 NAPLES, FL 34102

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State
---	--	--

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete HAYES, KENNETH R 142 FANONI LANE WETUMPKA, AL 36092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete HAYES, BETH K 142 FANONI LANE WETUMPKA, AL 36092
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete CHANCELLOR, DAVID B 2015 STATE HWY 97 N HAYNEVILLE, AL 36040
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <input type="checkbox"/> Delete GARRETT, MARCUS E 359 SARA DRIVE TROY, AL 36079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 316 Laurel Ridge Alexander City AL 35010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 316 Laurel Ridge Alexander City AL 35010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8464 Rockbridge Circle Montgomery AL 36116
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 219 Palos Verdes Dr Troy AL 36079
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Manu G. Santos 3/22/06 334 409 2121
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #