

File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY		FLORIDA DEPARTMENT OF STATE	
ANNUAL REPORT		M98000000621	
1999		99 APR -8 PH 1:47	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee	
Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company		DOCUMENT # M98000000621	
LEGACY FLORIDA RE, LLC 221 PONTE VEDRA PARK DRIVE, SUITE 300 PONTE VEDRA BEACH FL 32082		1a. Principal Place of Business Address 221 PONTE VEDRA PARK DRIVE, PONTE VEDRA BEACH FL 32082	
2. Principal Place of Business		2a. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Country	
3. Date Organized or Qualified		3a. State of Formation	
06/04/1998		DE	
4. FEI Number		<input type="checkbox"/> Applied For	
276-30-6113		<input type="checkbox"/> Not Applicable	
APPLIED FOR			
5. Date of Last Report		6. Certificate of Status Desired	
		\$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____		DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when not a change)			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	STRADER, TIMOTHY L	840 NEWPORT CENTER DRIVE,	NEWPORT BEACH CA
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: _____		_____ 4/8/99	
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR, NAME OF SECRETARY, MANAGER, LIMITED LIABILITY COMPANY		_____ 4/25/99 (941) 294-365	