

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M99000000862

**FILED**  
**Apr 27, 2012**  
**Secretary of State**

**Entity Name:** LEGACY SUITES APARTMENTS, LLC

**Current Principal Place of Business:**

982 W BREVARD ST  
STE 100  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

1310 CROSS CREEK CIRCLE  
STE A  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

982 W BREVARD ST  
STE 100  
TALLAHASSEE, FL 32304

**New Mailing Address:**

1310 CROSS CREEK CIRCLE  
STE A  
TALLAHASSEE, FL 32301

**FEI Number:** 20-4705542

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

ROBERT S WILLIAMS, ESQ  
545 EAST TENNESSEE STREET  
200-B  
TALLAHASSEE, FL 32308 US

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: ROBERT S WILLIAMS

04/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BOOTH FAMILY IRREVOCABLE TRUST  
Address: 1310 CROSS CREEK CIRCLE, STE A  
City-St-Zip: TALLAHASSEE, FL 32301

I hereby 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: HURLEY H BOOTH, JR, TRUSTEE

T

04/27/2012

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