

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000136476

FILED
May 14, 2007
Secretary of State

Entity Name: LEGACY POINTE, INC.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD., PH
CORAL GABLES, FL 33134

New Principal Place of Business:

2121 PONCE DE LEON BLVD.,
PH
CORAL GABLES, FL 33134

Current Mailing Address:

2121 PONCE DE LEON BLVD., PH
CORAL GABLES, FL 33134

New Mailing Address:

2121 PONCE DE LEON BLVD.,
PH
CORAL GABLES, FL 33134

FEI Number: 20-3635878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC
100 SOUTHEAST SECOND STREET
SUITE 2900
MIAMI, FL 33131 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CH () Delete
Name: MEYERS, STUART I
Address: 2121 PONCE DE LEON BLVD., PH
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VC () Delete
Name: LOPEZ, JORGE
Address: 2121 PONCE DE LEON BLVD., PH
City-St-Zip: CORAL GABLES, FL 33134 US

Title: PAS () Delete
Name: WOLFE, LEON J
Address: 2121 PONCE DE LEON BLVD., PH
City-St-Zip: CORAL GABLES, FL 33134 US

Title: VPS () Delete
Name: MADES, MARA S
Address: 2121 PONCE DE LEON BLVD., PH
City-St-Zip: CORAL GABLES, FL 33134 US

Title: T () Delete
Name: ADAMS, BRUCE
Address: 2121 PONCE DE LEON BLVD., PH
City-St-Zip: CORAL GABLES, FL 33134 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LEON J. WOLFE

P

05/14/2007

Electronic Signature of Signing Officer or Director

_____ Date