


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 09, 2004 8:00 am
Secretary of State

02-09-2004 90190 024 ****50.00

DOCUMENT # L02000005051

1. Entity Name
LEGACY ASSET MANAGEMENT, LLC



Principal Place of Business Mailing Address

3333 CLARK ROAD **3333 CLARK ROAD**
SUITE 200 **SUITE 200**
SARASOTA, FL 34231 US **SARASOTA, FL 34231 US**

24009100



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

02052004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent

RASMUSSEN, WAYNE
8830 S. TAMiami TRAIL
SARASOTA, FL 34238

7. Name and Address of New Registered Agent

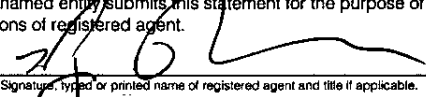
Name **WAYNE RASMUSSEN**

Street Address (P.O. Box Number is Not Acceptable)
3333 CLARK ROAD

SUITE 200

City **SARASOTA** **FL** Zip Code **34231**

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  **WAYNE RASMUSSEN** **2/5/04**

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

Filing Fee is \$50.00
Due by May 1, 2004

Make check payable to
Florida Department of State


9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RASMUSSEN, WAYNE	
STREET ADDRESS	3333 CLARK ROAD, SUITE 200	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I 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 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:  **WAYNE RASMUSSEN** **2/5/04** **941-925-4374**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #