


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000005051

1. Entity Name
LEGACY ASSET MANAGEMENT, LLC



Principal Place of Business 3333 CLARK ROAD SUITE 200 SARASOTA, FL 34231 US	Mailing Address 3333 CLARK ROAD SUITE 200 SARASOTA, FL 34231 US
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DO NOT WRITE IN THIS SPACE



02202006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 02-0569642	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**RASMUSSEN, WAYNE
 3333 CLARK ROAD
 SUITE 200
 SARASOTA, FL 34231**

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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**

000000516176
 04/29/06 30236-004 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RASMUSSEN, WAYNE 3333 CLARK ROAD, SUITE 200 SARASOTA, FL 34231
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Wayne Rasmussen* **Wayne Rasmussen** *4/19/06* **941-356-5200**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #