


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 08:00 AM
Secretary of State

| | |
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| DOCUMENT # L02000005051 1. Entity Name LEGACY ASSET MANAGEMENT, LLC |  |
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|---|---|
| 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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04172008 No Chg-LLC CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

| | |
|---|---------------------------------------|
| 4. FEI Number 02-0569642 | Applied For Not Applicable |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

| 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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U00000930275
 05/21/08-80102-012 138.75

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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 4/23/08 941-356-5200

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