

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90226 023 \*\*\*\*50.00

**DOCUMENT # L02000005051**

1. Entity Name

**LEGACY ASSET MANAGEMENT, LLC**



Principal Place of Business

**8830 S. TAMiami TRAIL  
SARASOTA FL 34238**

Mailing Address

**8830 S. TAMiami TRAIL  
SARASOTA FL 34238**

2. Principal Place of Business

**3333 CLARK ROAD**

3. Mailing Address

**3333 CLARK ROAD**

Suite, Apt. #, etc.

**SUITE 200**

Suite, Apt. #, etc.

**SUITE 200**

City & State

**SARASOTA, FL**

City & State

**SARASOTA, FL**

4. FEI Number

**02-0569642**

Applied For

Not Applicable

Zip

**34231**

Country

**USA**

Zip

**34231**

Country

**USA**

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

CHECK HERE IF MAKING CHANGES



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

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

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS / MANAGERS

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

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>MANAGING MEMBER RASMUSSEN WAYNE 3333 CLARK ROAD, SUITE 200 SARASOTA, FL 34231</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *[Signature]* **SIGNATURE REQUIRED** **WAYNE RASMUSSEN 1/13/02 941-356-5200**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

0041543

CR2E083 (10/02)