

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015707

FILED
Feb 21, 2008
Secretary of State

Entity Name: CFSC ASSET COMPANY, LLC

Current Principal Place of Business:

2635 FRUITVILLE ROAD
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 49587
SARASOTA, FL 342306587

New Mailing Address:

FEI Number: 02-0630928

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEARNS, STEWART W
2635 FRUITVILLE ROAD
SARASOTA, FL 34237 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BAYLIS, KATHY
Address: 148 DAVINCI DRIVE
City-St-Zip: NOKOMIS, FL 34275

Title: MGR () Delete
Name: CARROLL, MARY F
Address: 4719 HARVEST BEND ROAD
City-St-Zip: SARASOTA, FL 34235

Title: MGR () Delete
Name: DAHLQUIST, STEVEN N
Address: 1819 MAIN STREET, SUITE 201
City-St-Zip: SARASOTA, FL 34236

Title: MGR () Delete
Name: SWIER, RICHARD
Address: 6718 PASEO CASTILLE
City-St-Zip: SARASOTA, FL 34238

Title: MGR () Delete
Name: WEILLER, EDWIN A III
Address: 663 MOURNING DOVE DRIVE
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES:

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 is true and accurate and that my electronic 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: STEWART W. STEARNS

PRES

02/21/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date