2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 19, 2009
Secretary of State

DOCUMENT# L02000015707

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 02/19/2009

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