

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000029997

1. Entity Name
LENGER ASSET MANAGEMENT, LLC



Principal Place of Business
7995 MT RANIER DRIVE
C/O KEITH D. LENGER
JACKSONVILLE, FL 32256

Mailing Address
7995 MT RANIER DRIVE
C/O KEITH D. LENGER
JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE



08202008No Chg-LLC

CR2E083 (12/07)

4. FEI Number
20-1365670

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

LENGER, KEITH DUANE
7995 MT RANIER DRIVE
JACKSONVILLE, FL 32256

**DO NOT WRITE
IN THIS SPACE**

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 \$138.75
Due by September 12, 2008**

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
LENGER, KEITH DUANE
7995 MT RANIER DRIVE
JACKSONVILLE, FL 32256

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000000958750
09/03/08-80001-001 138.75

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IN THIS SPACE**

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: _____

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

Keith D. Lenger 8/1/08 704-651-3292

Daytime Phone #