


**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 02, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L06000045986</b> 1. Entity Name LEGACY DIGITAL PRODUCTIONS, L.L.C.	
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Principal Place of Business <b>65 MAGNOLIA AVENUE ST. AUGUSTINE, FL 32084</b>	Mailing Address <b>65 MAGNOLIA AVENUE ST. AUGUSTINE, FL 32084</b>
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**DO NOT WRITE IN THIS SPACE**



03272008 No Chg-LLC CR2E083 (12/07)

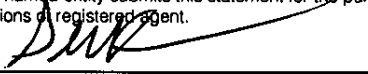
4. FEI Number <b>NOT APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SAULS, S. WALTER SR.  
65 MAGNOLIA AVENUE  
ST. AUGUSTINE, FL 32084**

**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, the registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE **3-29-08**

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

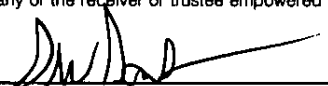
U000000878568  
04/14/08-80060-009 143.75

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SAULS, S. WALTER SR. 65 MAGNOLIA AVENUE ST AUGUSTINE, FL 32084</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:  (NOTE: Registered Agent signature required when reinstating) DATE **3-29-08** 904 - 315-7231

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