2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000104998

Entity Name: STRATEGIC LEGACY SOLUTIONS, LLC

FILED Feb 24, 2009 Secretary of State

1 FINANCIAL PLAZA SUITE 1200 FORT LAUDERDALE, FL 33394

Current Mailing Address: New Mailing Address:

1 FINANCIAL PLAZA SUITE 1200 FORT LAUDERDALE, FL 33394

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GOLDMAN, SCOTT 1 FINANCIAL PLAZA SUITE 1200 FORT LAUDERDALE, FL 33394 US

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:

ADDITIONS/CHANGES:

Title: MGR () Delete (X) Change () Addition GOLDMAN, SCOTT Name: Name: GOLDMAN, SCOTT 1 FINANCIAL PLAZA, SUITE 1200 Address: 1 FINANCIAL PLAZA, SUITE 1200 Address: City-St-Zip: FORT LAUDERDALE, FL 33394 City-St-Zip: FORT LAUDERDALE, FL 33394

Title: MGR () Delete Title: MGRM (X) Change () Addition
Name: LARIVIERE, MARK
Address: 1 FINANCIAL PLAZA
Address: 1 FINANCIAL PLAZA SUITE 1200

Address: 1 FINANCIAL PLAZA Address: 1 FINANCIAL PLAZA, SUITE 1200
City-St-Zip: FORT LAUDERDALE, FL 33394 City-St-Zip: FORT LAUDERDALE, FL 33394

Title: MGR () Delete Title: MRGM (X) Change () Addition Name: STERN, DORIANE Name: HURSCHMAN, SUSAN M

Address: 1 FINANCIAL PLAZA Address: 1 FINANCIAL PLAZA, SUITE 1200 City-St-Zip: FORT LAUDERDALE, FL 33394 City-St-Zip: FORT LAUDERDALE, FL 33394

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 HURSCHMAN, SUSAN
 Name:

 Address:
 1 FINANCIAL PLAZA
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33394
 City-St-Zip:

Title: MGR (X) Delete Title: () Change () Addition

 Name:
 RUSCH, WILLIAM
 Name:

 Address:
 1 FINANCIAL PLAZA
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33394
 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: SCOTT GOLDMAN MGMR 02/24/2009