


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90058 044 ****55.00

DOCUMENT # M03000004087 1. Entity Name LEGACY MARKETING PARTNERS, L.L.C.	
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Principal Place of Business 640 N. LASALLE STREET, SUITE 295 CHICAGO, IL 60610	Mailing Address 640 N. LASALLE STREET, SUITE 295 CHICAGO, IL 60610 1155 S. Washington St., Ste. 204 Naperville, IL 60540
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DO NOT WRITE IN THIS SPACE

02062004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 54-2132117	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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.

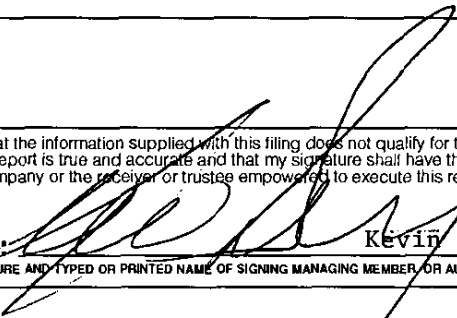
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
 Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BERG, KEVIN 640 N. LASALLE STREET, SUITE 295 CHICAGO, IL 60610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Vincent Parrinello 640 N. LaSalle St., Ste. 295 Chicago, IL 60614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 exemption stated in Section 119.07(3)(i), 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:  Kevin Berg, Mgrm 312/799-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #