

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004087

FILED
Apr 16, 2009
Secretary of State

Entity Name: LEGACY MARKETING PARTNERS, L.L.C.

Current Principal Place of Business:

640 N. LASALLE STREET, SUITE 295
CHICAGO, IL 60610

New Principal Place of Business:

640 N. LASALLE STREET, SUITE 295
CHICAGO, IL 60654

Current Mailing Address:

1155 S. WASHINGTON ST.
STE. 204
NAPERVILLE, IL 60540

New Mailing Address:

FEI Number: 54-2132117 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: BERG, KEVIN
Address: 640 N. LASALLE STREET, SUITE 295
City-St-Zip: CHICAGO, IL 60610

Title: MGR () Delete
Name: PARRINELLO, VINCENT
Address: 640 N. LASALLE ST., STE 295
City-St-Zip: CHICAGO, IL 60614

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BERG, KEVIN
Address: 640 N. LASALLE STREET, SUITE 295
City-St-Zip: CHICAGO, IL 60654

Title: MGR (X) Change () Addition
Name: PARRINELLO, VINCENT
Address: 640 N. LASALLE ST., STE 295
City-St-Zip: CHICAGO, IL 60654

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: VINCENT PARRINELLO

MGR

04/16/2009

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