


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 02, 2005 08:00 AM
Secretary of State

DOCUMENT # M0400000290 1. Entity Name LEGENT CLEARING LLC	
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Principal Place of Business 9300 UNDERWOOD AVENUE, SUITE 400 OMAHA, NE 68114	Mailing Address 9300 UNDERWOOD AVENUE, SUITE 400 OMAHA, NE 68114
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DO NOT WRITE IN THIS SPACE



01202005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 77-0616239	Applied For Not Applicable
5. Certificate of Status Desired <input 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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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 N/A DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GIBSON, GUY A 1440 BLAKE STREET, SUITE 200 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WREN, DAVID L 1440 BLAKE STREET, SUITE 200 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RAVITZ, LESTER 1440 BLAKE STREET, SUITE 200 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SIME, JEFFREY N 9300 UNDERWOOD AVENUE, SUITE 400 OMAHA, NE 68114
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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U00000211508
02/02/05-80118-025 50.00

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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: [Signature] Date 1/25/05 Daytime Phone # 402/384-1210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE