


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90381 049 ****50.00

DOCUMENT # L01000015568 1. Entity Name FINANCIAL FREEDOM ONE, LLC	
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Principal Place of Business 25740 HICKORY BOULEVARD #344D BONITA SPRINGS, FL 34134	Mailing Address 13131 UNIVERSITY DRIVE FORT MYERS, FL 33907
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DO NOT WRITE IN THIS SPACE



01102005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 58-2652883	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 U.S. INVESTURES SERVICES INC 4901 TAMiami TRAIL N NAPLES, FL 34103

**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 registered agent.

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

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARKER, MELVIN E 25740 HICKORY BOULEVARD #344D BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BARKER, ANNELLA 25740 HICKORY BOULEVARD #344D BONITA SPRINGS, FL 34134
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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: *Samuel W. Van Vleet AS AGENT FOR OWNER*

1/13/05 239-489-3303

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

Date

Daytime Phone #