

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000015568

Entity Name: FINANCIAL FREEDOM ONE, LLC

FILED  
Jan 23, 2009  
Secretary of State

## Current Principal Place of Business:

25740 HICKORY BOULEVARD #344D  
BONITA SPRINGS, FL 34134

## New Principal Place of Business:

12424 BRANTLEY COMMONS COURT  
FORT MYERS, FL 33907

## Current Mailing Address:

C/O CPMS  
13131 UNIVERSITY DRIVE  
FORT MYERS, FL 33907

## New Mailing Address:

C/O CPMS  
12424 BRANTLEY COMMONS COURT  
FORT MYERS, FL 33907

FEI Number: 58-2652883

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BARKER, MELVIN E  
25740 HICKORY BLVD, # 344 D  
BONITA SPRINGS, FL 34134 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: MGRM ( ) Delete  
Name: BARKER, MELVIN E  
Address: 25740 HICKORY BOULEVARD #344D  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: MGRM ( ) Delete  
Name: BARKER, ANNELLA  
Address: 25740 HICKORY BOULEVARD #344D  
City-St-Zip: BONITA SPRINGS, FL 34134

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
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: MELVIN E. BARKER

MRGM

01/23/2009

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