

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000028410

FILED  
Jan 10, 2006  
Secretary of State

Entity Name: LEGACY ONE FINANCIAL, LLC

**Current Principal Place of Business:**

8359 BEACON BLVD.  
SUITE 114  
FT. MYERS, FL 33907

**New Principal Place of Business:**

**Current Mailing Address:**

8359 BEACON BLVD.  
SUITE 114  
FT. MYERS, FL 33907

**New Mailing Address:**

FEI Number: 11-3659377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CAPUANO, THEODORE A  
8359 BEACON BLVD  
SUITE 114  
FORT MYERS, FL 33907 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: CAPUANO, THEODORE A  
Address: 8359 BEACON BLVD., SUITE 114  
City-St-Zip: FT. MYERS, FL 33907 US

Title: MGR ( ) Delete  
Name: JEKEL, JOESPH F  
Address: 8359 BEACON BLVD., SUITE 114  
City-St-Zip: FT. MYERS, FL 33907 US

**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 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: THEODORE A CAPUANO

MR.

01/10/2006

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