

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029062

FILED  
Apr 13, 2004  
Secretary of State

Entity Name: LEGACY ONE REALTY, LLC

## Current Principal Place of Business:

8359 BEACON BLVD.  
SUITE 314  
FORT MYERS, FL 33907

## New Principal Place of Business:

8359 BEACON BLVD.  
SUITE 114  
FORT MYERS, FL 33907

## Current Mailing Address:

2024 CORAL POINT DR  
CAPE CORAL, FL 33990

## New Mailing Address:

FEI Number: 30-0124790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JEKEL, JOSEPH F JR.  
8359 BEACON BLVD.  
SUITE 314  
FORT MYERS, FL 33907 US

## Name and Address of New Registered Agent:

JEKEL, JOSEPH F JR.  
8359 BEACON BLVD.  
SUITE 114  
FORT MYERS, FL 33907 US

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:

04/13/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: JEKEL, JOSEPH F JR  
Address: 2024 CORAL POINT DR  
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM ( ) Delete  
Name: JEKEL, DONNA J  
Address: 2024 CORAL POINT DR  
City-St-Zip: CAPE CORAL, FL 33990

## 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 Section 119.07(3)(i), 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: JOSEPH F. JEKEL JR.

MGRM

04/13/2004

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