# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**May 08, 2005**
**Secretary of State**

DOCUMENT# L04000058348

**Entity Name:** LEGACY BUSINESS DEVELOPMENT GROUP II, LLC

**Current Principal Place of Business:**

48 PETIGRU DRIVE
BEAUFORT, SC 29902

**New Principal Place of Business:**

12 MARQUIS WAY
BEAUFORT, SC 29907

**Current Mailing Address:**

P.O. BOX 161446
ALTAMONTE SPRINGS, FL 327161446

**New Mailing Address:**

**FEI Number: 20-1471397** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
**In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.**

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

OLSEN, THOMAS R
2518 EDGEWATER DRIVE
ORLANDO, FL 32804 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/MEMBERS:**

| | | |
|---|---|---|
| Title: | MGRM | ( ) Delete |
| Name: | DORLON, JAMES S | |
| Address: | 48 PETIGRU DRIVE | |
| City-St-Zip: | BEAUFORT, SC 29902 | |

**ADDITIONS/CHANGES:**

| | | |
|---|---|---|
| Title: | MGRM | (X) Change ( ) Addition |
| Name: | DORLON, JAMES S | |
| Address: | 12 MARQUIS WAY | |
| City-St-Zip: | BEAUFORT, SC 29907 | |

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: JAMES DORLON MGR 05/08/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date