

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000058348

**FILED**  
**Apr 30, 2006**  
**Secretary of State**

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

**Current Principal Place of Business:**

12 MARQUIS WAY  
BEAUFORT, SC 29907

**New Principal Place of Business:**

16680 HARWOOD OAKS CT  
DUMFRIES, VA 22026

**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)**

**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/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MGRM    (X) Change ( ) Addition  
Name: DORLON, JAMES S  
Address: 16680 HARWOOD OAKS CT # 491  
City-St-Zip: DUMFRIES, VA 22026

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: JAMES DORLON

MGR

04/30/2006

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