

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069507

FILED  
Jul 17, 2007  
Secretary of State

**Entity Name:** FREEDOM FINANCIAL ADVISOR GROUP, LLC

**Current Principal Place of Business:**

7262 SUGAR PALM COURT  
FORT MYERS, FL 33912

**New Principal Place of Business:**

6839 PORTO FINO CIRCLE  
FORT MYERS, FL 33912

**Current Mailing Address:**

7262 SUGAR PALM COURT  
FORT MYERS, FL 33912

**New Mailing Address:**

6839 PORTO FINO CIRCLE  
FORT MYERS, FL 33912

FEI Number: 20-5191536      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:**

STONE, MICHAEL  
7262 SUGAR PALM CT  
FORT MYERS, FL 33912      US

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

STONE, MICHAEL  
6839 PORTO FINO CIRCLE  
FORT MYERS, FL 33912      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: MIKE STONE

07/17/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR      ( ) Delete  
Name: STONE, MICHAEL  
Address: 7262 SUGAR PALM CT  
City-St-Zip: FORT MYERS, FL 33912

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: STONE, MICHAEL  
Address: 6839 PORTO FINO CIRCLE  
City-St-Zip: FORT MYERS, FL 33912

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: MIKE STONE

MGR

07/17/2007

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