


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (23)**

**FILED**  
**Mar 14, 2005 8:00 am**  
**Secretary of State**

02-08-2005 90077 009 \*\*\*\*50.00

**DOCUMENT # L04000024981**

1. Entity Name  
**FREEMPORT PARTNERS, LLC**



Principal Place of Business: **36008 EMERALD COAST PARKWAY SUITE 301 DESTIN FL 32541 US**

Mailing Address: **36008 EMERALD COAST PARKWAY SUITE 301 DESTIN FL 32541 US**

2. Principal Place of Business: Suite, Apt. #, etc.

3. Mailing Address: Suite, Apt. #, etc.

City & State

Zip Country Zip Country

4. FEI Number: **20-0944998**

Applied For:  Not Applicable:

5. Certificate of Status Desired:  \$5.00 Additional Fee Required



1st MOORE CR2E083 (10/04)

6. Name and Address of Current Registered Agent

**MCGILL, ROBERT E III**  
**36008 EMERALD COAST PARKWAY**  
**SUITE 301**  
**DESTIN FL 32541**

7. Name and Address of New Registered Agent

Name: \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable): \_\_\_\_\_

City: \_\_\_\_\_ FL Zip Code: \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1 - 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
	<i>MANAGING MEMBER</i>			<input type="checkbox"/>
	<i>Robert E. McGill III</i>	<i>36008 Emerald Coast Parkway</i>		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *[Signature]* Date: **2/2/05** Daytime Phone #: **850 897-1386**

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE