


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 A
Secretary of State

| | |
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| DOCUMENT # L04000047821 |  |
| 1. Entity Name FREEPORT GROUP, LLC | |

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|---|---|
| Principal Place of Business 47 SHIPYARD ROAD FREEPORT, FL 32439 | Mailing Address PO BOX 332 FREEPORT, FL 32439 |
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| DO NOT WRITE IN THIS SPACE |
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02132007 No Chg-LLC CR2E083 (11/05)

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| 4. FEI Number 20-1290258 | Applied For <input type="checkbox"/> Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$5.00 Additional Fee Required |
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| 6. Name and Address of Current Registered Agent BRANNON, RONNIE L JR 47 SHIPPYARD ROAD FREEPORT, FL 32439 |
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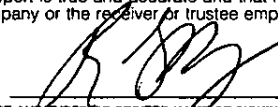
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|---|--|------------|
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | |
| SIGNATURE _____ | (NOTE: Registered Agent signature required when reinstating) | DATE _____ |

**Filing Fee is \$50.00
Due by May 1, 2007**

| 9. MANAGING MEMBERS/MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BRANNON, RONNIE L JR 47 SHIPYARD ROAD FREEPORT, FL 32439 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BRANNON, RONNIE L SR P.O. BOX 504 FREEPORT, FL 32439 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BRANNON, SCOTT A P.O. BOX 332 FREEPORT, FL 32439 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM ANDREWS, ANGUS (GUS) P.O. BOX 405 DEFUNIAK SPRINGS, FL 32435 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM JONES, WAYNE 184 TWELVE OAK LANE FREEPORT, FL 32439 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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U000000686592
04/10/07-80006-020 50.00

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| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  | Date 3/29/07 | Daytime Phone # _____ |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE | | |