

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000001621

Entity Name: FREE2BEE.COM L.L.C.

FILED  
Mar 17, 2004  
Secretary of State

**Current Principal Place of Business:**

934 NORTH UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

934 NORTH UNIVERSITY DRIVE  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

FEI Number: 65-0981268

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAYNE, KIRK  
934 NORTH UNIVERSITY DRIVE, SUITE 110  
CORAL SPRINGS, FL 33071 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: PCEO ( ) Delete  
Name: LAYNE, KIRK  
Address: 937 N UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: VP ( ) Delete  
Name: LOYNE, CARLA  
Address: 934 N UNIVERSITY DR  
City-St-Zip: POMPANO BEACH, FL 33071

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: LAYNE, KIRK  
Address: 937 N UNIVERSITY DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR (X) Change ( ) Addition  
Name: LAYNE, CARLA  
Address: 934 N UNIVERSITY DR  
City-St-Zip: POMPANO BEACH, FL 33071

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: CARLA LAYNE

MGR

03/17/2004

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