

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

04 MAY 10 10:13 AM '04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000003825

1. Entity Name
FREIDA MANAGEMENT LLC



Principal Place of Business

2300 GLADES ROAD, SUITE 302E
BOCA RATON, FL 33431

Mailing Address

2300 GLADES ROAD, SUITE 302E
BOCA RATON, FL 33431



04292004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
65-1083365

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SCIARRETTA, STEVEN A
2300 GLADES ROAD, SUITE 302E
BOCA RATON, FL 33431

DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SCIARRETTA, STEVEN A ESQ
STREET ADDRESS	2300 GLADES ROAD, SUITE 302E
CITY-ST-ZIP	BOCA RATON, FL 33431

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Handwritten: \$50.00

DO NOT WRITE
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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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Handwritten: 4/30/04

Date

Daytime Phone #