

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

FILED
05 MAY -2 PM 4:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04282005No Chg-LLC

CR2E083 (10/03)

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4. FEI Number
65-1083365

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

Steven Sciarretta 7/29/05

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
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CITY-ST-ZIP

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**DO NOT WRITE
IN THIS SPACE**

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

Date

Daytime Phone #

Steven Sciarretta 7/29/05