## 2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

## **FILED** Jul 20, 2005 08:00 AM DOCUMENT # L01000009460 **Secretary of State** FREÉDOM EVERY DAY, LLC Mailing Address Principal Place of Business 772 PRESERVE TERRACE 772 PRESERVE TERRACE HEATHROW, FL 32746 HEATHROW, FL 32746 07062005 No Chg-LLC CR2E083 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3725358 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent HODGES, GEORGE DO NOT WRITE 585 SOUTH CR-427, STE. 121 LONGWOOD, FL 32750-5462 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 September 7, 2005 MANAGING MEMBERS/MANAGERS 9. MGRM TITLE HALE, ROBERT H NAME STREET ADDRESS 772 PRESERVE TERRACE HEATHROW, FL 32746 CITY-ST-ZIP U00000373647 07/20/05-80001-008 50.00 MGRM TITLE NAME HALE, JOHNA L 772 PRESERVE TERRACE STREET ADDRESS CITY - ST - 71P HEATHROW, FL 32746 TITLE NAME STREET ADDRESS DO NOT WRITE CITY -ST-7IP IN THIS SPACE IIILE NAME STREET ADDRESS City-ST-ZIP mu

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 it made under cath; 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