


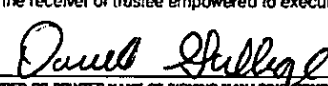
LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

01-30-2003 90075 001 ****55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DO NOT WRITE IN THIS SPACE

DOCUMENT # L01000010771					
1. Entity Name FREEDOM CONTRACTING LLC					
2. Principal Place of Business 213 ALMADEN CT.				3. Mailing Address 213 ALMADEN CT	
Suite, Apt. #, etc.				Suite, Apt. #, etc.	
City & State WINTER SPRINGS, FL.		City & State WINTER SPRINGS, FL.		4. FEI Number 59-3729352	Applied For <input type="checkbox"/> Not Applicable
Zip 32708	Country SEMINOLE	Zip 32708	Country SEMINOLE	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
7. Name and Address of Current Registered Agent					
Name DARRELL GULLIGE					
Street Address (P.O. Box Number is Not Acceptable)					
213 ALMADEN CT					
City WINTER SPRINGS, FL					Zip Code 32708
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT: DARRELL GULLIGE 213 ALMADEN CT. WINTER SPRINGS, FL 32708				TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT: JASON FURROW 1201 STRATFORD ST MAITLAND, FL 321751				TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEC/TREASURER: PAULA GULLIGE 213 ALMADEN CT. WINTER SPRINGS, FL 32708				TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PLEASE REMOVE /DELETE AS REQUESTED IN 2002 REPORT DONALD GULLIGE AS VICE PRESIDENT				TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP					TITLE NAME STREET ADDRESS CITY - ST - ZIP
TITLE NAME STREET ADDRESS CITY - ST - ZIP					TITLE NAME STREET ADDRESS CITY - ST - ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.					
 DARRELL GULLIGE 01/24/03 407/716 9989 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

CR2ED083B (12/02)

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