

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State

05-05-2002 90221 001 ***110.00

DOCUMENT # L01000010772

1. Entity Name

FREEDOM REAL ESTATE INVESTMENT LLC

Principal Place of Business

**801 NORTH MAGNOLIA AVE.
 SUITE 201
 ORLANDO FL 32803**

Mailing Address

**801 NORTH MAGNOLIA AVE.
 SUITE 201
 ORLANDO FL 32803**

2. Principal Place of Business

213 ALMADEN CT.

Suite, Apt. #, etc.

3. Mailing Address

213 ALMADEN CT

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

WINTER SPRINGS, FL

City & State

WINTER SPRINGS, FL

4. FEI Number

59-3729347

Applied For

Not Applicable

Zip

Country

32708 USA

Zip

Country

32708 USA

5. Certificate of Status Desired



\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ARNOLD, MATHENY & EAGAN, P.A.
 801 NORTH MAGNOLIA AVE.
 SUITE 201
 ORLANDO FL 32803**

7. Name and Address of New Registered Agent

Name **DARRELL GUCKIGE**

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.

SIGNATURE

Darrell Guckige

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/02

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **VICE PRESIDENT** ☐ Delete
 NAME **PAULA GUCKIGE**
 STREET ADDRESS **213 ALMADEN CT**
 CITY-ST-ZIP **WINTER SPRINGS FL 32708**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 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)(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:

Darrell Guckige

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

04/19/02

Date

Daytime Phone #

**407 327 7629
 407 716 9489**

CR2E083 (9/01)