

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90748 015 *****55.00

0004308

DOCUMENT # L01000010772

1. Entity Name

FREEDOM REAL ESTATE INVESTMENT LLC



Principal Place of Business

**213 ALMADEN COURT
WINTER SPRINGS FL 32708
US**

Mailing Address

**213 ALMADEN COURT
WINTER SPRINGS FL 32708
US**

2. Principal Place of Business

3. Mailing Address

2283 SUNNYVIEW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

OVERLDO FL. 32765

Zip

Country

Zip

Country

32765

USA

4. FEI Number **59-3729347**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GULLIGE, DARREL
213 ALMADEN COURT
WINTER SPRINGS FL 32708**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **V** ☐ Delete
NAME **GULLIGE, PAULA**
STREET ADDRESS **213 ALMADEN COURT**
CITY-ST-ZIP **WINTER SPRINGS FL 32708**

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

TITLE ☐ Delete
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CITY-ST-ZIP

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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:

DAVID L. GULLIGE

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

04/21/03

Date

Daytime Phone #

CR2E083 (10/02)