2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2007
Secretary of State

DOCUMENT# L03000019969

Entity Name: FREEDOM RENOVATORS LLC

Current Principal Place of Business:

5425 EAST ANNA JO DRIVE
INVERNESS, FL 34452

New Principal Place of Business:

1503 WHITTIER STREET
INVERNESS, FL 34450

Current Mailing Address:

5425 EAST ANNA JO DRIVE
INVERNESS, FL 34452

New Mailing Address:

1503 WHITTIER STREET
INVERNESS, FL 34450

FEI Number: 20-0129263 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CAYSON, WILLIAM B JR.
5425 EAST ANNA JO DRIVE
INVERNESS, FL 34452 US

Name and Address of New Registered Agent:

CAYSON, WILLIAM B JR.
1503 WHITTIER STREET
INVERNESS, FL 34450 US

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: _____ 04/10/2007
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: CAYSON, WILLIAM B
Address: 5425 EAST ANNA JO DRIVE
City-St-Zip: INVERNESS, FL 34452

Title: MGRM ( ) Delete
Name: BAULDREE, AARON N
Address: 11 COLONIAL CLUB DR.
City-St-Zip: BOYNTON BEACH, FL 33435

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: CAYSON, WILLIAM B
Address: 1503 WHITTIER STREET
City-St-Zip: INVERNESS, FL 34450

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM B. CAYSON, JR. MGR 04/10/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date