

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 02, 2005 8:00 am**  
**Secretary of State**

03-02-2005 90015 019 \*\*\*\*\*55.00

**DOCUMENT # L03000038119**

1. Entity Name

FREEDOM LAND ACQUISITIONS, LLC



Principal Place of Business

705 SEBASTIAN BLVD., STE. D  
SEBASTIAN FL 32958

Mailing Address

705 SEBASTIAN BLVD., STE. D  
SEBASTIAN FL 32958

2. Principal Place of Business

725 Commerce Ctr. Dr.

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sebastian FL

City & State

Sebastian FL

Zip

32958

Country

Indian River

Zip

Country

4. FEI Number

43-2030536

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GREEN, WILLIAM A II  
705 SEBASTIAN BLVD., STE. D  
SEBASTIAN FL 32958

7. Name and Address of New Registered Agent

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, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete  
NAME GREEN, WILLIAM A II  
STREET ADDRESS 705 SEBASTIAN BLVD., STE. D  
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE MGRM ☐ Delete  
NAME AMICUCCI, MIKE  
STREET ADDRESS 705 SEBASTIAN BLVD., STE. D  
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE MGRM ☐ Delete  
NAME GREEN, BRUCE A  
STREET ADDRESS 705 SEBASTIAN BLVD., STE. D  
CITY-ST-ZIP SEBASTIAN FL 32958

TITLE MGRM ☐ Delete  
NAME GREEN, CHARLES  
STREET ADDRESS 705-D SEBASTIAN BLVD  
CITY-ST-ZIP SEBASTIAN FL 32958

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

TITLE ☐ Change ☐ Addition  
NAME  
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CITY-ST-ZIP

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

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:

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

Date

Daytime Phone #