

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000047963

Entity Name: FAST FINANCIAL FREEDOM LLC

FILED  
Apr 06, 2005  
Secretary of State

## Current Principal Place of Business:

35246 US HW 19 N, PMB 172  
PALM HARBOR, FL 34684

## New Principal Place of Business:

## Current Mailing Address:

35246 US HW 19 N, PMB 172  
PALM HARBOR, FL 34684

## New Mailing Address:

FEI Number: 16-1689458

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STOREY, FRANK E JR.  
3645 RUSTY GRACKLE DR  
PALM HARBOR, FL 34683 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete  
Name: STOREY, FRANK E JR  
Address: 3645 RUSTY GRACKLE DR  
City-St-Zip: PALM HARBOR, FL 34683

Title: MGR ( ) Delete  
Name: BROMAN, DAVID  
Address: 1824 EAGLE TRACE BLV  
City-St-Zip: PALM HARBOR, FL 34682

Title: MGR ( ) Delete  
Name: BROMAN, LINDA  
Address: 1824 EAGLE TRACE BLV  
City-St-Zip: PALM HARBOR, FL 34682

## ADDITIONS/CHANGES:

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

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

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 Section 119.07(3)(i), 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: FRANK E STOREY

PRES

04/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date