


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 29, 2007 8:00 am**  
**Secretary of State**

03-29-2007 90181 023 \*\*\*\*50.00

DOCUMENT # L04000038191	
1. Entity Name FREEPORT FF, LLC	

Principal Place of Business 123 QUINCY CIRCLE SANTA ROSA BEACH, FL 32459	Mailing Address P.O. BOX 4937 SANTA ROSA BEACH, FL 32459
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00030428



**DO NOT WRITE IN THIS SPACE**

03032007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 20-1155990	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent  SCIARRETTA, STEVEN A ESQ 2300 GLADES ROAD, STE 302 EAST BOCA RATON, FL 33431 2799 N.W. BOCA RATON BLVD #203 BOCA RATON, FL 33431
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**DO NOT WRITE  
IN THIS SPACE**

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

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FISKE, HELEN SANDRA POB 4937 SANTA ROSA BEACH, FL 32459
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ANDERSON, GERALD W POB 4937 SANTA ROSA BEACH, FL 32459
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Helen Sandra Fiske* HELEN SANDRA FISKE 3/16/07 239-293-0112  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #