

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000038191

Entity Name: FREEPORT FF, LLC

FILED  
Mar 14, 2009  
Secretary of State

**Current Principal Place of Business:**

123 QUINCY CIRCLE  
SANTA ROSA BEACH, FL 32459

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 4937  
SANTA ROSA BEACH, FL 32459y

**New Mailing Address:**

P.O. BOX 4937  
SANTA ROSA BEACH, FL 32459Y

FEI Number: 20-1155990

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCIARRETTA, STEVEN A ESQ  
2799 NW BOCA RATON BLVD  
SUITE 203  
BOCA RATON, FL 33431 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/MANAGERS:**

Title: MGR ( ) Delete  
Name: FISKE, HELEN SANDRA  
Address: POB 4937  
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: MGR ( ) Delete  
Name: ANDERSON, GERALD W  
Address: POB 4937  
City-St-Zip: SANTA ROSA BEACH, FL 32459

**ADDITIONS/CHANGES:**

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 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: HELEN SANDRA FISKE

MGR

03/14/2009

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