2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2007 08:00 A
Secretary of State

DOCUMENT # L04000047821

1. Entity Name
FREEPORT GROUP, LLC

Principal Place of Business	Mailing Address
47 SHIPYARD ROAD FREEPORT, FL 32439	PO BOX 332 FREEPORT, FL 32439

02132007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1290258
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

BRANNON, RONNIE L JR
47 SHIPPYARD ROAD
FREEPORT, FL 32439

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGRM
NAME	BRANNON, RONNIE L JR
STREET ADDRESS	47 SHIPYARD ROAD
CITY-ST-ZIP	FREEPORT, FL 32439
TITLE	MGRM
NAME	BRANNON, RONNIE L SR
STREET ADDRESS	P.O. BOX 504
CITY-ST-ZIP	FREEPORT, FL 32439
TITLE	MGRM
NAME	BRANNON, SCOTT A
STREET ADDRESS	P.O. BOX 332
CITY-ST-ZIP	FREEPORT, FL 32439
TITLE	MGRM
NAME	ANDREWS, ANGUS (GUS)
STREET ADDRESS	P.O. BOX 405
CITY-ST-ZIP	DEFUNIAK SPRINGS, FL 32435
TITLE	MGRM
NAME	JONES, WAYNE
STREET ADDRESS	184 TWELVE OAK LANE
CITY-ST-ZIP	FREEPORT, FL 32439
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/10/07-80006-020 50.00

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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: _____ 3/29/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #