

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # L04000047821

1. Entity Name
FREEPORT GROUP, LLC



Principal Place of Business
**47 SHIPYARD ROAD
FREEPORT, FL 32439**

Mailing Address
**PO BOX 332
FREEPORT, FL 32439**



01182008No Chg-LLC

CR2E083 (12/07)

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 SHIPYARD ROAD
FREEPORT, FL 32439**

**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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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	

U000000867252
04/08/08-80062-012 138.75

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date 3/20/08

Daytime Phone # _____