

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066207

FILED  
Apr 28, 2006  
Secretary of State

Entity Name: FREELAW ASSOCIATES, LLC

**Current Principal Place of Business:**

P.O. BOX 901753  
HOMESTEAD, FL 33090

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 901753  
HOMESTEAD, FL 33090

**New Mailing Address:**

FEI Number: 65-1232664      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

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

LAWRENCE, NELDA ESQ  
8881 S.W. 212 TERRACE  
MIAMI, FL 33189 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: MGRM ( ) Delete  
Name: FREEMAN-LAWRENCE, NELDA  
Address: 8881 S.W. 212 TERRACE  
City-St-Zip: MIAMI, FL 33189

Title: MGRM ( ) Delete  
Name: LAWRENCE, MANUEL  
Address: 8881 S.W. 212 TERRACE  
City-St-Zip: MIAMI, FL 33189

**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 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: MANUEL B. LAWRENCE

MGRM

04/28/2006

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