

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000080109

FILED
Jan 03, 2007
Secretary of State

Entity Name: FREEDOM FINANCIAL SOLUTIONS, LLC

Current Principal Place of Business:

200 CONGRESS PARK DRIVE
SUITE 201
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

200 CONGRESS PARK DRIVE
SUITE 201
DELRAY BEACH, FL 33445

New Mailing Address:

FEI Number: 76-0770247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOVE, FREDERICK A ESQ
200 CONGRESS PARK DRIVE
SUITE 201
DELRAY BEACH, FL 33445 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: LOVE, FREDERICK A
Address: 16320 NW 11TH STREET
City-St-Zip: PEMBROKE PINES, FL 33028

Title: MGRM () Delete
Name: DURAND, TODD
Address: 10659 VERSAILLES BLVD.
City-St-Zip: WELLINGTON, FL 33467

Title: MGRM () Delete
Name: WOODS, JOHN K
Address: 139 OCEAN CAY WAY
City-St-Zip: LANTANNA, FL 33462

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: FREDERICK A. LOVE

MGRM

01/03/2007

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