2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# L04000080109

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 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 04/11/2008

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