


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (A/R)**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

02-18-2005 90130 008 \*\*\*\*50.00

**DOCUMENT # L04000085310**

1. Entity Name  
**FREEDOM AQUARIUM PRODUCTS, L.L.C.**

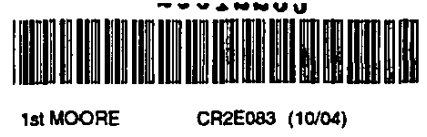


Principal Place of Business      Mailing Address  
**3400 S.W. 26TH TERRACE, SUITE A3**      **3400 S.W. 26TH TERRACE, SUITE A3**  
**FT LAUDERDALE FL 33312**      **FT LAUDERDALE FL 33312**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country



4. FEI Number **04-380119**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**VENEZIA, ALBERTO**  
**18642 CAPE SABLE DRIVE**  
**BOCA RATON FL 33498**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity admits 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 **2/14/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	BERG, WILLIAM	
STREET ADDRESS	3400 S.W. 26TH TERRACE, SUITE A3	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LEVEY, HARRY	
STREET ADDRESS	3400 S.W. 26TH TERRACE, SUITE A3	
CITY-ST-ZIP	FT LAUDERDALE FL 33312	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VENEZIA, ALBERTO	
STREET ADDRESS	18642 CAPE SABLE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	VENEZIA, MICHELLA	
STREET ADDRESS	18642 CAPE SABLE DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33498	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Harry Levey*      *HARRY LEVEY*      Date: *2/14/05* (954) 791-2400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Daytime Phone #