

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000036467

FILED  
Apr 20, 2007  
Secretary of State

**Entity Name:** FREEHAND BABY CARRIERS LLC

**Current Principal Place of Business:**

3343 ROCK ROYAL DR  
HOLIDAY, FL 34691 US

**New Principal Place of Business:**

**Current Mailing Address:**

3343 ROCK ROYAL DR  
HOLIDAY, FL 34691 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

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

DOWNIN, KAIRE L  
3343 ROCK ROYAL DR  
HOLIDAY, FL 34691 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: MGR ( ) Delete  
Name: DOWNIN, KAIRE L  
Address: 3343 ROCK ROYAL DR  
City-St-Zip: HOLIDAY, FL 34691 US

Title: MGR ( ) Delete  
Name: DOWNIN, TIMOTHY C JR  
Address: 3343 ROCK ROYAL DR  
City-St-Zip: HOLIDAY, FL 34691 US

**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: KAIRE LYN DOWNIN

PRES

04/20/2007

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