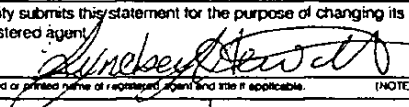
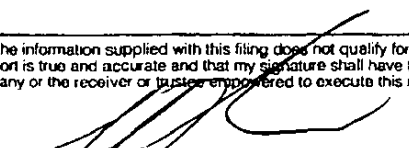


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

7/19/2006-90093-050-\$50.00-\$50.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:42

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                                                |                                                                            |                                                                                                 |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|------------------------------------------------|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L05000042130</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                          |                                                |                                                                            |                |  |
| 1. Entity Name<br><b>FREEDBLU, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          |                                                |                                                                            |                                                                                                 |  |
| Principal Place of Business<br><b>16220 VILLA REAL DE AVILA<br/>TAMPA, FL 33613 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                          |                                                | Mailing Address<br><b>16220 VILLA REAL DE AVILA<br/>TAMPA, FL 33613 US</b> |                                                                                                 |  |
| 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<br><b>20-2770051</b>                                                              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                                                |                                                                            | Applied For<br><input type="checkbox"/> Not Applicable                                          |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                                                |                                                                            | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                                                |                                                                            | 7. Name and Address of New Registered Agent                                                     |  |
| <b>KASS, MICHAEL<br/>1505 N. FLORIDA AVENUE<br/>TAMPA, FL 33601</b>                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                          |                                                |                                                                            | Name<br><b>LYNDEY HEWITT</b>                                                                    |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                                                |                                                                            | Street Address (P.O. Box Number is Not Acceptable)<br><b>3955 W CYPRESS STREET</b>              |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                                                |                                                                            | City<br><b>TAMPA FL</b>                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                          |                                                |                                                                            | State<br><b>FL</b> Zip Code<br><b>33607</b>                                                     |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                            |                                                                                                          |                                                |                                                                            |                                                                                                 |  |
| SIGNATURE                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                          |                                                |                                                                            | DATE<br><b>7/10/06</b>                                                                          |  |
| Filing Fee is \$50.00<br>Due by September 6, 2006                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                          |                                                |                                                                            | Make check payable to<br>Florida Department of State                                            |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                          |                                                |                                                                            | 10. ADDITIONS/CHANGES                                                                           |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>FREEDMAN, STEVEN<br>16220 VILLA REAL DE AVILA<br>TAMPA, FL 33613 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | MGRM<br>BLUMENTHAL, MARK<br>16220 VILLA REAL DE AVILA<br>TAMPA, FL 33613 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |                                                                                                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition          |                                                                                                 |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                          |                                                |                                                                            | DATE<br><b>7/12/06</b> DAYTIME PHONE #<br><b>813 875 7775</b>                                   |  |