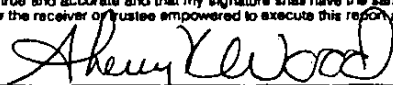


FILED
Jun 04, 2007 8:00 am
Secretary of State

05-02-2007 90358 037 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000049883			
1. Entity Name FREEDOM REAL ESTATE HOLDINGS, LLC			
Principal Place of Business 21737 BROXHAM RUN LOOP ESTERO, FL 33928-3292 US		Mailing Address 21737 BROXHAM RUN LOOP ESTERO, FL 33928-3292 US	
2. Principal Place of Business - No P.O. Box # 12276 Tamiami Trail East		3. Mailing Address	
Suite, Apt. #, etc. Bldg #501		Suite, Apt. #, etc.	
City & State Naples, FL		City & State	
Zip 34113	Country US	Zip	Country
4. FEI Number 20-5349900		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent TREISER, COLLINS & VERNON, P.A. 3080 TAMiami TRAIL EAST NAPLES, FL 34112		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 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FREESE, MATTHEW 21737 BRIXHAM RUN LOOP ESTERO, FL 33928 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☒ Change ☐ Addition 18591 Verona Lago Dr Miramar Lakes, FL 33913
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MRG WOOD, SHERRY K 21737 BRIXHAM RUN LOOP ESTERO, FL 33928 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: 		4/30/2007 (259) 246-8203	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

Sherry K. Wood

00009621

