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Secretary of State

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

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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000049883

1. Entity Name
FREEDOM REAL ESTATE HOLDINGS, LLC

J0009621

Principal Place of Business	Mailing Address
21737 BRIXHAM RUN LOOP ESTERO, FL 33928-3292 US	21737 BRIXHAM RUN LOOP ESTERO, FL 33928-3292 US

01122007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
12276 Tamiami Trail East			
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 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
TREISER, COLLINS & VERNON, P.A. 3080 TAMIAMI TRAIL EAST NAPLES, FL 34112	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 ______________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Miromar 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: Sherry K Wood 4/30/2007 (239)246-8203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Sherry K. Wood