ANNUAL REPORT

Feb 04, 2008 8:00 am **DOCUMENT # L05000076156** Secretary of State THE FREEMAN GROUP, LLC 02-04-2008 90133 043 ***143 75 Mailing Address Principal Place of Business 3101 SHADOW POND TERRACE 3101 SHADOW POND TERRACE WINTER GARDEN, FL. 34787 WINTER GARDEN, FL 34787 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01292008 Chq-LLC CR2E083 (12/06) City & State 4. FEI Number Applied For City & State 16-1730213 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 9 FREEMAN, KARAN Street Address (P.O. Box Number is Not Acceptable) 3101 SHADOW POND TERRACE WINTER GARDEN, FL 34787 ment to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept 8. The above gamed entry submi the obligations of SIGNATURE FILE NOW!! FEE IS Í38 75 Make check payable to After May 1, 2008 Fee will be \$538,75 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM morm TITLE TITLE ☐ Change Addition Delete NAME FREEMAN, KARAN NAME Stegel, Glona 3101 SHADOW POND TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WINTER GARDEN, FL 34787 CHY-ST-7IP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this tiling 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 flability company or the acceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: X

FILED