2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000083974

Entity Name: FREEDMAN FAMILY, LLC

FILED Apr 11, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1248 MYSTIC WAY 3840 LYONS ROAD

WELLINGTON, FL 33414 UNIT 304 COCONUT CREEK, FL 33073

Current Mailing Address: New Mailing Address:

1248 MYSTIC WAY 3840 LYONS ROAD

WELLINGTON, FL 33414 UNIT 304 COCONUT CREEK, FL 33073

COCONOT CREEK, 12 330/3

FEI Number: 20-3444004 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FREEDMAN, ADAM
1248 MYSTIC WAY
FREEDMAN, ADAM
3840 LYONS ROAD

WELLINGTON, FL 33414 US UNIT 304
COCONUT CREEK, FL 33073 US

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: ADAM FREEDMAN 04/11/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition

 Name:
 FREEDMAN, ADAM
 Name:
 FREEDMAN, ADAM

 Address:
 1248 MYSTIC WAY
 Address:
 3840 LYONS ROAD, UNIT 304

 City-St-Zip:
 WELLINGTON, FL 33414
 City-St-Zip:
 COCONUT CREEK, FL 33073

Title: MGRM () Delete Title: () Change () Addition

 Name:
 FREEDMAN, HARRY
 Name:

 Address:
 30913 DOGWOOD DRIVE
 Address:

 City-St-Zip:
 LAUREL, DE 19956
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 FREEDMAN, KATHERINE E
 Name:

 Address:
 30913 DOGWOOD DRIVE
 Address:

 City-St-Zip:
 LAUREL, DE 19956
 City-St-Zip:

Title: MGR () Delete Title: () Change () Addition

 Name:
 FREEDMAN, STEPHEN
 Name:

 Address:
 2411 BURBERRY WAY
 Address:

 City-St-Zip:
 SACRAMENTO, CA 95835
 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: ADAM FREEDMAN MGRM 04/11/2006