

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90146 037 ****55.00

DOCUMENT # L05000096453					
1. Entity Name M.G. FREEMAN REALTY, LLC					
Principal Place of Business 270 INDEPENDENCE AVENUE PALM HARBOR, FL			Mailing Address 270 INDEPENDENCE AVENUE PALM HARBOR, FL		
2. Principal Place of Business 2708 AVE A Suite, Apt. #, etc. #505 Suite D.			3. Mailing Address 270 Independence Ave. Suite, Apt. #, etc.		
City, State Palm Harbor, FL		City, State Palm Harbor, FL		4. FEI Number 20-4026474	
Zip 34683		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PIPPIEN, JOSEPH F ESQ. 10225 ULMERTON ROAD, BUILDING 11 LARGO, FL 33771			7. Name and Address of New Registered Agent Name MARTIN FREEMAN Street Address (P.O. Box Number is Not Acceptable) 270 Independence Ave. City, State, Zip Code Palm Harbor, FL 34684		
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 <u>Martin G. Freeman</u> DATE <u>2-7-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITTLE MGR NAME FREEMAN, M.G. STREET ADDRESS 270 INDEPENDENCE AVENUE CITY-ST-ZIP PALM HARBOR, FL 34684			<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITTLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITTLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete <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: <u>Martin G. Freeman</u> DATE: <u>2-7-06</u> DAYTIME PHONE: <u>727-455-7373</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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