

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000108516

FILED
Apr 23, 2007
Secretary of State

Entity Name: FREEMAN/SAGE ENTERPRISES, LLC

Current Principal Place of Business:

117 SOUTH 3RD STREET
PALATKA, FL 32177

New Principal Place of Business:

114 S. 2ND ST
PALATKA, FL 32177

Current Mailing Address:

117 SOUTH 3RD STREET
PALATKA, FL 32177

New Mailing Address:

114 S. 2ND ST.
PALATKA, FL 32177

FEI Number: 20-4012658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RADCLIFF-HATCHER, ELIZABETH
117 SOUTH 3RD STREET
PALATKA, FL FLORIDA US

Name and Address of New Registered Agent:

HOLMES, DONALD E ESQ.
222 N. 3RD ST
PALATKA, FL FLORIDA 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: DONALD E. HOLMES, ESQ

04/23/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FREEMAN, ELIZABETH L
Address: 117 SOUTH 3RD STREET
City-St-Zip: PALATKA, FL 32177

Title: MGRM () Delete
Name: SAGE, TIFFANY
Address: 117 SOUTH 3RD STREET
City-St-Zip: PALATKA, FL 32177

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FREEMAN, ELIZABETH L
Address: 114 S. 2ND ST
City-St-Zip: PALATKA, FL 32177

Title: MGRM (X) Change () Addition
Name: SAGE, TIFFANY
Address: 114 S. 2ND ST.
City-St-Zip: PALATKA, FL 32177

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: ELIZABETH L. FREEMAN

MGR

04/23/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date