

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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**FILED**  
**Mar 12, 2007 8:00 am**  
**Secretary of State**

02-19-2007 90194 026 \*\*\*\*50.00

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02052007 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L06000000829</b> 1. Entity Name <b>FREEPORT PROPERTIES, LLC</b>			
Principal Place of Business <b>% GREENBERG &amp; COMPANY, P.A.</b> <b>10830 SW 113TH PLACE</b> <b>MIAMI, FL 33176</b>		Mailing Address <b>% GREENBERG &amp; COMPANY, P.A.</b> <b>10830 SW 113TH PLACE</b> <b>MIAMI, FL 33176</b>	
2. Principal Place of Business - No P.O. Box # <b>10840 SW 113 PL</b> Suite, Apt. #, etc.		3. Mailing Address <b>10840 SW 113 PL</b> Suite, Apt. #, etc.	
City & State <b>Miami, FL</b> Zip <b>33176</b>		City & State <b>Miami, FL</b> Zip <b>33176</b>	
Country		Country	
4. FEI Number <b>20-4194721</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>AMERICAN INFORMATION SERVICES, INC.</b> <b>ONE S.E. 3RD AVENUE</b> <b>28TH FLOOR</b> <b>MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent Signature required when re-registering) _____ DATE _____			
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIMKINS, MICHAEL ONE SE 3RD AVENUE, 28TH FLOOR MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.			
<b>SIGNATURE:</b>		<b>2/8/07</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	