

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000005156

FILED
Jun 05, 2009
Secretary of State

Entity Name: FREEMAN FAMILY ENTERPRISES, LLC

Current Principal Place of Business:

3010 MARCOS DRIVE, BLDG. 4, #610
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

3010 MARCOS DRIVE, BLDG. 4, #610
AVENTURA, FL 33160

New Mailing Address:

C/O 22 ARBORWAY WAY
JAMICA PLAIN, MA 02130

FEI Number: 20-4212560 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

FREEMAN, REGINA
3010 MARCOS DRIVE, BLDG. 4, #610
AVENTURA, FL 33160 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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FREEMAN, MARGIE
Address: 356 REDMOND ROAD
City-St-Zip: SOUTH ORANGE, NJ 33160

Title: MGR () Delete
Name: FREEMAN, SARAH
Address: 22 ARBORWAY
City-St-Zip: JAMAICA PLAIN, MA 02130

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FREEMAN, MARGARETA
Address: 356 REDMOND ROAD
City-St-Zip: SOUTH ORANGE, NJ 33160

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SARAH FREEMAN

MGR

06/05/2009

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