2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2008 8:00 am
Secretary of State
05-06-2008 90005 036 ***138.75
06-04-2008 90254 042 *****5.00

DOCUMENT # L06000005231

1. Entity Name
FREEMAN FOREST, LLC

Principal Place of Business	Mailing Address
3010 MARCOS DRIVE, BLDG. 4, #610 AVENTURA, FL 33160	3010 MARCOS DRIVE, BLDG. 4, #610 AVENTURA, FL 33160

DO NOT WRITE IN THIS SPACE

02222008 No Chg-LLC CR2E083 (12/07)

4. FEI Number
20-4212603
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	FREEMAN, Margareta
STREET ADDRESS	356 REDMOND ROAD
CITY-ST-ZIP	SOUTH ORANGE, NJ 07079
TITLE	MGR
NAME	FREEMAN, SARAH
STREET ADDRESS	22 ARBORWAY
CITY-ST-ZIP	JAMAICA PLAIN, MA 02130
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Margarita N. Freeman 5-29-2008
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #