


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jun 22, 2007 8:00 am
Secretary of State

06-22-2007 90113 011 ****55.00

DOCUMENT # L06000039275

1. Entity Name
FREEDOM PROPERTIES LLC



Principal Place of Business Mailing Address
P.O. BOX 4 **P.O. BOX 4**
DESERT HOT SPRINGS, CA 92240 US **DESERT HOT SPRINGS, CA 92240 US**

60054100



2. Principal Place of Business - No P.O. Box # 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

06112007 Chg-LLC CR2E083 (12/06)

City & State City & State

Zip Country Zip Country

4. FEI Number Applied For
20-4864359 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

UNITED STATES CORPORATION AGENTS, INC.
1111 LINCOLN RD
SUITE 400
MIAMI BEACH, FL 33139

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 reinstating) DATE _____

Filing Fee is \$50.00
Due by September 14, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ACKERSON, CHAD	
STREET ADDRESS	P.O. BOX 4	
CITY-ST-ZIP	DESERT HOT SPRINGS, CA 92240	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MONIZ, ED	
STREET ADDRESS	P.O. BOX 4	
CITY-ST-ZIP	DESERT HOT SPRINGS, CA 92240	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	MONIZ, PENNI	
STREET ADDRESS	P.O. BOX 4	
CITY-ST-ZIP	DESERT HOT SPRINGS, CA 92240	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	ACKERSON, BILLIE	
STREET ADDRESS	P.O. BOX 4	
CITY-ST-ZIP	DESERT HOT SPRINGS, FL 92240	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Edmond J. [Signature] Date: 6-15-07 Daytime Phone #: 760-799-0673

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE