

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 25, 2007 8:00 am
Secretary of State

04-09-2007 90352 023 ***150.00

DOCUMENT # L06000050007 1. Entity Name FREEDOM PROPERTY LLC																																																																																																																																																											
Principal Place of Business 1200 NW 17TH AVE, #20 DELRAY BEACH, FL 33445			Mailing Address 951 SW 4TH AVE BOCA RATON, FL 33432																																																																																																																																																								
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.																																																																																																																																																								
City & State Zip Country			City & State Zip Country																																																																																																																																																								
6. Name and Address of Current Registered Agent BLAKESBERG, JON D 951 SW 4TH AVE BOCA RATON, FL 33432				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)																																																																																																																																																											
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State																																																																																																																																																									
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th colspan="3" style="text-align: left;">9. MANAGING MEMBERS/MANAGERS</th> <th colspan="3" style="text-align: left;">10. ADDITIONS/CHANGES</th> </tr> </thead> <tbody> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">MGR HACKNER, SEAN</td> <td style="width: 20%; text-align: right;">☐ Delete</td> <td style="width: 15%;">TITLE</td> <td style="width: 65%;"></td> <td style="width: 20%; text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1200 NW 17TH AVE #20</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DELRAY BEACH, FL 33445</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM HACKNER, RYAN</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1200 NW 17TH AVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DELRAY BEACH, FL 33445</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM KOSTENBAUDER, ROBERT</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1200 NW 17TH AVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DELRAY BEACH, FL 33445</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>MGRM GARFIELD, JEFF</td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1200 NW 17TH AVE</td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>DELRAY BEACH, FL 33445</td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Delete</td> <td>TITLE</td> <td></td> <td style="text-align: right;">☐ Change ☐ Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </tbody> </table>						9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES			TITLE	MGR HACKNER, SEAN	☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS	1200 NW 17TH AVE #20		STREET ADDRESS			CITY - ST - ZIP	DELRAY BEACH, FL 33445		CITY - ST - ZIP			TITLE	MGRM HACKNER, RYAN	☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS	1200 NW 17TH AVE		STREET ADDRESS			CITY - ST - ZIP	DELRAY BEACH, FL 33445		CITY - ST - ZIP			TITLE	MGRM KOSTENBAUDER, ROBERT	☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS	1200 NW 17TH AVE		STREET ADDRESS			CITY - ST - ZIP	DELRAY BEACH, FL 33445		CITY - ST - ZIP			TITLE	MGRM GARFIELD, JEFF	☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS	1200 NW 17TH AVE		STREET ADDRESS			CITY - ST - ZIP	DELRAY BEACH, FL 33445		CITY - ST - ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			CITY - ST - ZIP			TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	NAME			NAME			STREET ADDRESS			STREET ADDRESS			CITY - ST - ZIP			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.																																																																																																																																																											
<table style="width:100%;"> <tr> <td style="width: 30%;"> SIGNATURE:  </td> <td style="width: 30%; text-align: center;"> SEAN HACKNER SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE </td> <td style="width: 20%; text-align: center;"> 4/3/07 Date </td> <td style="width: 20%; text-align: center;"> 800 630 2846 Daytime Phone # </td> </tr> </table>						SIGNATURE: 	SEAN HACKNER SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	4/3/07 Date	800 630 2846 Daytime Phone #																																																																																																																																																		
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4. FEI Number **20-488 4701** Applied For ☐ Not Applicable ☐

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