2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000020141

1. Entity Name



FILED Feb 13, 2008 8:00 am Secretary of State 02-13-2008 90063 044 ***138.75

FREEDOM RESEARCH GROUP, LLC									
Principal Place of Business 268 SUNFLOWER CT MARCO ISLAND, FL 34145		Mailing Address 268 SUNFLOWER CT MARCO ISLAND, FL 34145			II BBIII BBIX BBIX BBIII BBI	N Berie keri baler ilen i)) ())	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02072008	Chg-LLC	CR2E083 (12	/06)		
City & State		City & State		4. FEI Numb 35-2	2948/3			lied For Applicable	
Zip	Country	Zip	Country	5. Certificati	e of Status Desired		D Additi	onal	
6. Name and Address of Current Registered Agent			Nome	7. Name and Address of New Registered Agent Name					
MALINOS	KY, ARLENE		Name						
268 SUNFLOWER CT MARCO ISLAND, FL 34145		Street Address		s (P.O. Box Numb	per is Not Acceptable	e)			
			City			FL Zip	Code		
8. The above	named entity submits this statement for	the purpose of changing its re	gistered office or regist	tered agent, or bi	oth, in the State of Flo		with, ar	nd accept	
the obligations of registered agent.									
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Ri	egistered Agent signature requi	red when reinstating)	•	DATE			
	NOW!!! FEE IS \$138.75 71, 2008 Fee will be \$538.75				Make	é check payable Department of			
9	MANAGING MEMBER	I IS/MANAGERS	10.		ADDITIONS/	CHANGES			
TITLE	MGR	☐ Delete	TITLE	,		Ch	ange	Addition	
NAME	MALINOSKY, ARLENE		NAME						
STREET ADDRESS CITY-ST-ZIP	268 SUNFLOWER CT MARCO ISLAND, FL 34145		STREET ADDRESS CITY-ST-ZIP					ļ	
TITLE		□ Delete	TITLE				ange	☐ Addition	
NAME			NAME			_	•	_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
								- Addition	
TITLE Name		☐ Delete	TITLE NAME			□ Ch	ange	☐ Addition	
STREET ADDRESS			STREET ADDRESS					ļ	
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE .		Delete	TITLE			☐ Ch	ange	☐ Addition	
NAME STREET ADORESS			NAME Street address						
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete .	TITLE			☐ Ch	ange	Addition	
NAME			NAME						
STREET ADORESS CATY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP						
TITLE		Delete	TITLE			Ch	апое	Addition	
NAME ,		L Delete	NAME			<u>ان</u> ان	ungo.		
STREET ADDRESS			STREET ADDRESS						
CITY-ST-ZIP			CITY-ST-ZIP	al to Observe at 125	first by		- 1-1		
11. I nereby o	certify that the information supplied with t	nis illing does not quality for th	e exemptions containe	a in Chapter 119	, Florida Statutes. I tu	rtner certify that th	e inform	ation i	

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 manufimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.