

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000106374

Entity Name: FREEHAMPREPORT.COM LLC

FILED  
Mar 08, 2011  
Secretary of State

## Current Principal Place of Business:

2950 WEST CYPRESS CREEK ROAD  
SUITE 306  
FORT LAUDERDALE, FL 33309

## New Principal Place of Business:

2950 WEST CYPRESS CREEK ROAD  
SUITE 102  
FORT LAUDERDALE, FL 33309 US

## Current Mailing Address:

2950 WEST CYPRESS CREEK ROAD  
SUITE 306  
FORT LAUDERDALE, FL 33309

## New Mailing Address:

2950 WEST CYPRESS CREEK ROAD  
SUITE 102  
FORT LAUDERDALE, FL 33309 US

FEI Number: 80-0502618

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JUSTICE PAPER PROCESSING INC  
2950 WEST CYPRESS CREEK ROAD  
SUITE 306  
FORT LAUDERDALE, FL 33309 US

## Name and Address of New Registered Agent:

ENDE, JONATHON  
2950 W CYPRESS CREEK RD  
SUITE 102  
FORT LAUDERDALE, FL 33309 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: JONATHON ENDE

03/08/2011

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR  
Name: GALANTER, DAVID  
Address: 2950 WEST CYPRESS CREEK ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: MGRM  
Name: SALTZMAN, JASON  
Address: 2950 WEST CYPRESS CREEK ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

Title: MGRM  
Name: ENDE, JONATHAN  
Address: 2950 WEST CYPRESS CREEK ROAD  
City-St-Zip: FORT LAUDERDALE, FL 33309 US

I hereby 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: JONATHON ENDE

MBR

03/08/2011

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