

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90385 021 ****50.00

DOCUMENT # L99000000488

1. Entity Name

FREEDMAN AND FREEDMAN PARTNERSHIP, LLC

Principal Place of Business

23 ROYAL PALM WAY, UNIT 11
BOCA RATON FL 33432

Mailing Address

23 ROYAL PALM WAY, UNIT 11
BOCA RATON FL 33432

955680

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3711265

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FREEDMAN, LAWRENCE

~~8177 GLADES ROAD, SUITE 103~~
~~BOCA RATON FL 33434~~

Name

SAME

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

23 Royal Palm Way, Unit 11
City Boca Raton FL Zip Code 33432

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM
NAME FREEDMAN, LAWRENCE
STREET ADDRESS ~~8177 GLADES ROAD, SUITE 103~~
CITY-ST-ZIP ~~BOCA RATON FL 33434~~

TITLE SAME
NAME SAME
STREET ADDRESS 23 Royal Palm Way, Unit 11
CITY-ST-ZIP Boca Raton, FL 33432

TITLE
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STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Lawrence Freedman

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

Date

Daytime Phone #

4-25-02 561 394-4949

CR2E083 (9/01)