

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000005972**

1. Entity Name
FREEDMAN FINANCIAL GROUP, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 MAR 13 AM 11:56



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1 ROYAL PALM PLACE
BOCA RATON FL 33432

Mailing Address
19582 SATURNIA LAKES DR.
BOCA RATON FL 33498-6206

2. Principal Place of Business
10 Fairway Dr
Suite, Apt. #, etc.
Suite 220

3. Mailing Address
10 Fairway Dr
Suite, Apt. #, etc.
Suite 220

City & State
Deerfield Beach FL

City & State
Deerfield Beach FL

Zip
33441

Country
USA

Zip
33441

Country
USA

4. FEI Number
65-0954784

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

FREEDMAN, CRAIG L
19582 SATURNIA LAKES DR.
BOCA RATON FL 33498

7. Name and Address of New Registered Agent

Name
Craig L Freedman

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

Suite 220

City
Deerfield Bch

State
FL

Zip Code
33441

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 *Craig L Freedman*, **Craig L Freedman President** **2/10/00**
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

mf 3/21/00

9. MANAGING MEMBERS/MEMBERS

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR FREEDMAN, CRAIG L	1 ROYAL PALM PLACE	BOCA RATON FL 33432	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
President MGR Freedman Craig L	10 Fairway Dr Suite 220	Deerfield Beach FL 33441	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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*****50.00 *****50.00

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: *Craig L Freedman*, **Craig L Freedman** **2/10/00** **954 570 3570**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)