

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000005972

**FILED**  
**Apr 23, 2005**  
**Secretary of State**

**Entity Name:** FREEDMAN FINANCIAL GROUP, L.L.C.

**Current Principal Place of Business:**

C/O CRAIG L. FREEDMAN, PRES.  
551 NW 77TH ST., SUITE 115  
BOCA RATON, FL 33487

**New Principal Place of Business:**

10780 OAK MEADOW LANE  
LAKE WORTH, FL 33467

**Current Mailing Address:**

C/O CRAIG L. FREEDMAN, PRES.  
551 NW 77TH ST., SUITE 115  
BOCA RATON, FL 33487

**New Mailing Address:**

PO BOX 212317  
ROYAL PALM BEACH, FL 33421

FEI Number: 65-0954784

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

FREEDMAN, CRAIG L  
2639 DANFORTH TERR.  
WELLINGTON, FL 33414 US

**Name and Address of New Registered Agent:**

FREEDMAN, CRAIG L MGRM  
10780 OAK MEADOW LANE  
LAKE WORTH, FL 33467 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: CRAIG FREEDMAN

04/23/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: FREEDMAN, CRAIG L  
Address: 551 NW 77TH STREET  
City-St-Zip: BOCA RATON, FL 33487

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FREEDMAN, CRAIG L  
Address: 10780 OAK MEADOW LANE  
City-St-Zip: LAKE WORTH, FL 33467

I hereby certify that the information supplied with this filing does not qualify for the 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 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: CRAIG FREEDMAN

MGRM

04/23/2005

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