File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. **FILED** LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE May 21 1999 8:00 am Katherine Harris ANNUAL REPORT Secretary of State 1999 DIVISION OF CORPORATIONS Secretary of State FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT # M98000000766** 1a. Principal Place of Business Address FREEDOM LIQUIDATING, LLC 1401 MANATEE AVENUE, WEST, 1401 MANATEE AVENUE, WEST, SUITE 800 BRADENTON FL 34205 BRADENTON-FL-34205 3. Date Organized or Qualified 3a. State of Formation 2 Principal Place of Business 07/14/1998 783 S. Orange DE 4. FEI Number Applied For 65-0860014 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office PATTERSON, GREGORY L 1401 MANATEE AVE. W. #800 Street Address (P.O. Box Number is Not Acceptable) BRADENTON FL 34205 Suite, Apt. #, etc. Zip Code Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. Thereby accept the appointment as registered agent, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) (NOTE Registered Agent's grature required when reinstating) **Business Street Address** City, State and Zip Code 10. Title Managing Members/Managers 1401 MANATEE AVE., W., SUI BRADENTON FL MGRM ROSKAMP, ROBERT G 840002888918--**8** -05/27/99--01090--022 ****188.75 ****188.75

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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 of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Daylor - Prince #