


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # M98000000766 1. Entity Name FREEDOM LIQUIDATING, LLC	
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Principal Place of Business 2040WHITFIELD AVENUE SARASOTA, FL 34243	Mailing Address 2040WHITFIELD AVENUE SARASOTA, FL 34243
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DO NOT WRITE IN THIS SPACE



02182008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 65-0860014	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent MIDDLEBROOKS, J. HUGH 200 SOUTH ORANGE AVENUE SARASOTA, FL 34236
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IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

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 \$138.75
After May 1, 2008 Fee will be \$538.75**

000000874711
04/11/08-80003-015 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ROSKAMP, ROBERT G 2040 WHITFIELD AVENUE SARASOTA, FL 34243
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

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

ROBERT G ROSKAMP 2/20/08 941-755-0302
MGR Date Daytime Phone #