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C. GEOFFREY VINING, P.A.

Attorney at Law 129 S. Kentucky Avenue Suite 702 Lakeland, Florida 33801-5073

Business and Corporations Estates, Wills and Trusts General Practice REPLY TO: P.O. Box 2525 Lakeland, FL 33806-2525 Telephone 863/687-8320 Fax 863/688-3699 Email viningg@gte.net

January 21, 2005

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

Re: F & R, LLC

Dear Sir or Madam:

Enclosed please find Statement of Change of Registered Office or Registered Agent or Both for Limited Liability Company along with my firm's check in the amount of \$25 for your filing fee.

Thank you for your kind attention.

Sincerely yours,

C. Geoffrey Vining

CGV/ah Enclosures

S'IATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: F & R, LLC

1. The name of the limited	d liability compa	any is: F&R, LI	_C	·
2. The mailing address of 32114				Daytona Beach, FL
01-05-2004			L04000001011	
3. Date of filing/registrati	on in Florida	- , -	4. Document numb	er O
5. The name of the registe Florida Department of S	red agent and the State: Daniel S. Frie	ebis	address as shown on	the Records of the
	3890 Turtle C	Name Creek Drive, Suite	e B	35 C. C.
	Port Orange,	Address FL 32127 City, State and Z	in	128 P. C. P. P. P. C. P. P. P. C. P.
6. The name and address of	of the new regist	• .	•	7
	C. Geoffrey V	/ining		
	129 S. Kentud	Name cky Avenue, Suil	e 702	
	Florida street a	address (P.O. Box	NOT acceptable)	
	Lakeland	_{FL} 3380)1	
	<u> </u>	City, State and Zip)	
If the limited liability come confirmed that after the chand the business office of liability company, it is her the members of the limite the operating agreement of	nange or changes the registered ag by confirmed to d liability compa	s are made, the Flogent will be idention that the change(s) value or as otherwise	orida street address of cal. Or, in the case of	the registered office a Florida limited
(Signature) of a member or authority	zed representative of	a member)		
Ramona Gr	eer			
(Printed or typed name of signee)			•	
I hereby accept the appoint comply with the provision and I am familiar with an Chapter 608, F.S. Or, if the address, I hereby confirm	intment as regist s of all statutes i d accept the obli his document is that the limited	ered agent and ag relative to the proi gations of my pos being filed to mer liability company	ree to act in this capa per and complete perj ition as registered ag ely reflect a change it has been notified in v	ncity. I further agree to formance of my duties, ent as provided for in the registered office writing of this change.
(Signature of Registered Agent)		· 		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)