

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 23, 2004 08:00 AM
Secretary of State**

DOCUMENT # L00000004265

1. Entity Name

FRANDY ENTERPRISES, LLC



Principal Place of Business

1641 LAKE ELLA DRIVE
TALLAHASSEE, FL 32303

Mailing Address

1641 LAKE ELLA DRIVE
TALLAHASSEE, FL 32303



01122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3644372

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

COOKE, FRANK L
1641 LAKE ELLA DRIVE
TALLAHASSEE, FL 32303

**DO NOT WRITE
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

**Filing Fee is \$50.00
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	COOKE, FRANK L
STREET ADDRESS	1641 LAKE ELLA DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL 32303
TITLE	MEM
NAME	COOKE, ANDREA L
STREET ADDRESS	1641 LAKE ELLA DRIVE
CITY - ST - ZIP	TALLAHASSEE, FL 32303
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

U00000011523
01/23/04-80041-001 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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:

Frank L. Cooke FRANK L. COOKE (MGRM) 1/12/04
850 561-8313

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

Date

Daytime Phone #