

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90146 018 \*\*\*\*50.00

**DOCUMENT # L00000015481**

1. Entity Name  
**FRED INVESTMENTS, LLC**



Principal Place of Business  
**1005 CABALLO DRIVE  
LEESBURG, FL 34748**

Mailing Address  
**1005 CABALLO DRIVE  
LEESBURG, FL 34748**



01182006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business  
**1005 CABALLO ROAD**  
Suite, Apt. #, etc.

3. Mailing Address  
**1005 CABALLO ROAD**  
Suite, Apt. #, etc.

City & State  
**LEESBURG, FL 34748**  
Zip Country

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**LEESBURG, FL 34748**  
Zip Country

4. FEI Number  
**65-1062168**  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GREGG, FRED B JR.  
1005 CABALLO DRIVE  
LEESBURG, FL 34748**

**7. Name and Address of New Registered Agent**

Name **GREGG, FRED MR., JR**

Street Address (P.O. Box Number is Not Acceptable)  
**1005 CABALLO ROAD**

City **LEESBURG, FL 34748** **FL** Zip Code

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

**Make check payable to  
Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
GREGG, FRED MR., JR  
1005 CABALLO DRIVE  
LEESBURG, FL 34748** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
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**10. ADDITIONS/CHANGES**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRM  
GREGG, FRED MR., JR  
1005 CABALLO ROAD  
LEESBURG, FL 34748** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

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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, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #