

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 21, 2007 8:00 am**  
**Secretary of State**

03-21-2007 90163 036 \*\*\*\*50.00

<b>DOCUMENT # L00000016291</b>					
<b>1. Entity Name</b> FRG OF FLORIDA, LLC					
<b>Principal Place of Business</b> 3410 KORI ROAD JACKSONVILLE, FL 32257			<b>Mailing Address</b> 3410 KORI ROAD JACKSONVILLE, FL 32257		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3688735	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  SORENSEN, CHRIS 3410 KORI ROAD JACKSONVILLE, FL 32257			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SORENSEN, ROBIN 3410 KORI ROAD JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SORENSEN, CHRIS 3410 KORI ROAD JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOOST, STEPHEN 3410 KORI ROAD JACKSONVILLE, FL 32257	<input type="checkbox"/> Delete <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Burchianti, Vincent 3410 Kori Rd Jacksonville, FL 32257		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>					
<b>SIGNATURE:</b> <u>V-Burl</u> <span style="float: right;">Vincent Burchianti 2/26/07 (904) 884-8300</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					