2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2004
Secretary of State

DOCUMENT# L01000007929

Entity Name: FOF ENTERPRISES, LLC

Current Principal Place of Business:

8900 SE ROBWYN STREET
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

8900 SE ROBWYN STREET
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 65-1102256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SNYDER, KEREN
11251 SW THUNDER RD
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: VP ( ) Delete
Name: UBER, GARY
Address: 7914 SE OSPREY STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: P ( ) Delete
Name: SNYDER, KEREN
Address: 11251 SW THUNDER RD
City-St-Zip: STUART, FL 34997

Title: TS (X) Delete
Name: OLSEN, JAMES
Address: 8036 SE DOUBLE TREE DR
City-St-Zip: HOBE SOUND, FL 33455

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: UBER, GARY
Address: 7914 SE OSPREY STREET
City-St-Zip: HOBE SOUND, FL 33455

Title: MGRM (X) Change ( ) Addition
Name: SNYDER, KEREN
Address: 11251 SW THUNDER RD
City-St-Zip: STUART, FL 34997

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GARY P UBER MGRM 02/03/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date