2005 LIMITED LIABILITY COMPANY ANNUAL REPORT				FILED Mar 07, 2005 08:00 AN Secretary of State		
1. Entity Name FRONTENAC FOOD AND BEVERAGE, LLC				Secretary of State		
Principal Plac 5605 N. U.S COCOA, FL		Mailing Address 100 CHURCH ST KISSIMMEE, FL 34741				
			an a			
				01042005No Chg-LLC	CR2E083 (10/03)	
DO NOT WRITE IN THIS SPAC			ACE	4. FEI Number 26-0004668	Applied For Not Applicable	
				5. Certificate of Status Desired	Solutional Fee Required	
	6. Name and Address of Curr	ent Registered Agent				
MILES, R. STEPHEN JR 100 CHURCH ST KISSIMMEE, FL 34741			· <u>·</u> ·······	DO NOT WRITE IN THIS SPACE		
a The above	a named antity submits this statemet	t for the number of changing its regis	tered office or registe	red agent or both in the State of F	lorida. I am familiar with, and accept	
	tions of registered agent.					
SIGNATURE.	Signature, typed or printed name of registered a	ent and title if applicable (NOTE) Regis	stered Agent signature required	l when reinstating)	DATE	
F	iling Fee is \$50.00 Due by May 1, 2005					
9.		IBÉRS/MANAGERS		and a second to the second	······································	
NAME STREET ADDRESS	MILES, R. STEPHEN JR			U00800253011		
CITY-ST-ZIP	KISSIMMEE, FL 34741			03/07/05	-80018-018 50.00	
title Name						
STREET ADDRESS						
TITLE NAME				AA		
STREET ADDRESS CITY-ST-ZIP				DO NOT W	/RITE	
TITLE NAME				IN THIS S	PACE	
STREET ADDRESS						
TITLE	<u></u>			· · · ·		
NAME STREET ADDRESS						
CITY-ST-ZIP TITLE			<del>-</del>			
NAME STREET ADDRESS						
CITY-ST-ZIP	certify that the information supplied	with this filing does not qualify for the	exemption stated in St	ection 119.07(3)(i). Florida Statutes	I further certify that the information	
indicated	d on this report is true and accurate	and that my signature shall have the sister empowered to execute this report	ame legal effect as if r	nade under oath; that I am a mana	aging member or manager of the	
SIGNA		1.111. A. R.St	ophen mil	s. JR. 2/7/05	407-847-5151	
JIGINA		E OF SIGNING MANAGING MEMBER, OR AUTHO		Dale	Daytime Phone #	

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