2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000007444

City-St-Zip: FT. MYERS, FL 33966

Entity Name: FEWSTER ENTERPRISES, LLC

FILED Jan 14, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
12155 ME ⁻ SUITE 25 <i>F</i>	TRO PARKWA	/ Y		
	S, FL 33966	US		
Current Mailing Address:			New Mailing Address:	
	TRO PARKWA	Υ Υ		
SUITE 25 <i>F</i> FT. MYER	4 S, FL 33966	US		
FEI Number	: 02-0583189	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:
FOWLER FT. MYER The above	OND STREET WHITE BOGG S, FL 33901	S BANKER P.A. JS	urpose of changing its registere	ed office or registered agent, or both,
in the State	e of Florida.			
SIGNATUI				
	Electror	nic Signature of Registered Ager	nt	Date
MANAGING	MEMBERS/MAN	AGERS:	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	P (FEWSTER, TH 12155 METRO FT MYERS, FL	PKWY #25A	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D (FEWSTER, BE 12155 METRO FT MYERS, FL	PKWY #25A	Title: Name: Address: City-St-Zip:	() Change () Addition
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Title: Name: Address: City-St-Zip:	D (THUENTE, LOF 1028 OLD MIL LAKE FOREST	L RD	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address:	D (FEWSTER, TH 12155 METRO		Title: Name: Address:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

City-St-Zip:

SIGNATURE: THOMAS G FEWSTER JR P 01/14/2009