2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2005 8:00 am
Secretary of State
04-14-2005 90028 016 ****50.00

DOCUMENT # L02000015800

1. Entity Name
T2K FREGLY, LLC

Principal Place of Business	Mailing Address
1801 NORTH MERIDIAN ROAD TALLAHASSEE, FL 32303	PO BOX 3886 TALLAHASSEE, FL 32315

DO NOT WRITE IN THIS SPACE

04082005No Chg-LLC CR2E083 (10/03)

4. FEI Number
11-3643207
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PIERCE, ROBERT A
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FREGLY, TERRANCE H
STREET ADDRESS	PO BOX 3886
CITY-ST-ZIP	TALLAHASSEE, FL 32315
TITLE	MGRM
NAME	FREGLY, TERRANCE H JR
STREET ADDRESS	PO BOX 3886
CITY-ST-ZIP	TALLAHASSEE, FL 32315
TITLE	MGRM
NAME	FREGLY, KAWAI J
STREET ADDRESS	PO BOX 3886
CITY-ST-ZIP	TALLAHASSEE, FL 32315
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Terrance H. Fregly 4/12/05 850-386-5184
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #