
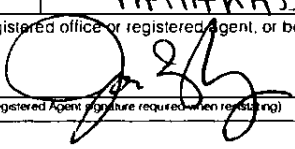
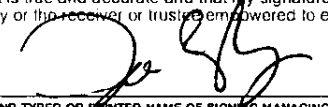


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 30, 2008 8:00 am**  
**Secretary of State**

01-30-2008 90095 005 \*\*\*138.75

<b>DOCUMENT # L02000015800</b>					
<b>1. Entity Name</b> T2K FREGLY, LLC					
<b>Principal Place of Business</b> 1801 NORTH MERIDIAN ROAD TALLAHASSEE, FL 32303			<b>Mailing Address</b> PO BOX 3886 TALLAHASSEE, FL 32315		
<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			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 11-3643207	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<b>Applied For</b> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b>  PIERCE, ROBERT A 227 SOUTH CALHOUN STREET TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name <u>JOAN H. Fregly</u> Street Address (P.O. Box Number is Not Acceptable) <u>1801 N Meridian Rd</u> City <u>Tallahassee</u> <u>FL</u> Zip Code <u>32303</u>		
<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 <u>JOAN H. Fregly</u>  DATE _____ <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREGLY, JOAN H PO BOX 3886 TALLAHASSEE, FL 32315	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREGLY, TERRANCE H JR PO BOX 3886 TALLAHASSEE, FL 32315	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREGLY, TERRANCE H JR PO BOX 3886 TALLAHASSEE, FL 32315	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FREGLY, TERRANCE H JR PO BOX 3886 TALLAHASSEE, FL 32315	<input type="checkbox"/> Delete			
<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> 			Date <u>1/21/08</u>		Daytime Phone # <u>850-366-5184</u>