

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90066 045 ****50.00

DOCUMENT # L03000016869



1. Entity Name
FREMAR ENTERPRISES LLC

| | |
|--|--|
| Principal Place of Business 10684 GULF SHORE BLVD B 301 NAPLES FL 34110 US | Mailing Address 10684 GULF SHORE BLVD B 301 NAPLES FL 34110 US |
|--|--|

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|---|---|
| 2. Principal Place of Business 8089 TAUREN CT | 3. Mailing Address 8089 TAUREN CT |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |



MOORE CR2E083 (11/03)

| | | | |
|----------------------------------|-----------------------------------|---------------------|---|
| City & State NAPLES FL | City & State NAPLES, FL | 4. FEI Number | Applied For <input checked="" type="checkbox"/> Not Applicable |
| Zip 34119 | Country USA | Zip 34119 | Country USA |

| | |
|---|---|
| 6. Name and Address of Current Registered Agent STAHLMAN, FREDERICK B II 8089 TAUREN CT NAPLES FL 34119 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|---|---|

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: Frederick B Stahlman II DATE: 4/23/04

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|--|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGMR STAHLMAN, FREDERICK B II 64 MAUTUCKET RD. WAKEFIELD RI 02879 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGMR RINI, MARTINE K 64 MAUTUCKET RD. WAKEFIELD RI 02879 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: Frederick B Stahlman II Date: 4/23/04 239-398-7
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone