FILED
Apr 05, 2004 8:00 am
Secretary of State
04-05-2004 90496 016 ****50.00

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000024745

1. Entity Name
FRENWAY ENDEAVORS, LLC

24034435

| Principal Place of Business | Mailing Address |
|---|---|
| 5424 COTTON STREET<br>GRACEVILLE, FL 32440 | 5424 COTTON STREET<br>GRACEVILLE, FL 32440 |

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 5424 Cotton St. | 5424 Cotton St. |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| Graceville FL. | Graceville FL |
| Zip 32440 / Country USA | Zip 32440 / Country USA |

04012004 Chg-LLC CR2E083 (10/03)

4. FEI Number 200-06-3329 — Applied For / Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| FRENCH, THANIEL JR.<br>501 NORTH CHANCE RD.<br>BONIFAY, FL 32425 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is $80.00**
**Due by May 1, 2004**

Make check payable to Florida Department of State

| 9. MANAGING MEMBERS / MANAGERS | | 10. ADDITIONS / CHANGES | |
|---|---|---|---|
| TITLE | MGR ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | FRENCH, THANIEL JR. | NAME | |
| STREET ADDRESS | 501 N. CHANCE RD. | STREET ADDRESS | |
| CITY-ST-ZIP | BONIFAY, FL 32425 | CITY-ST-ZIP | |
| TITLE | MGR ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | CONWAY, JAMES E | NAME | |
| STREET ADDRESS | 3005 GRIFFEN DR. | STREET ADDRESS | |
| CITY-ST-ZIP | BONIFAY, FL 32425 | CITY-ST-ZIP | |
| TITLE | MGRM ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | FRENCH, CYNTHIA L | NAME | |
| STREET ADDRESS | 501 N. CHANCE RD. | STREET ADDRESS | |
| CITY-ST-ZIP | BONIFAY, FL 32425 | CITY-ST-ZIP | |
| TITLE | MGRM ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | CONWAY, AMANDA L | NAME | |
| STREET ADDRESS | 3005 GRIFFEN DR. | STREET ADDRESS | |
| CITY-ST-ZIP | BONIFAY, FL 32425 | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |
| TITLE | ☐ Delete | TITLE | ☐ Change ☐ Addition |
| NAME | | NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY-ST-ZIP | | CITY-ST-ZIP | |

11. I hereby certify that the information supplied with this filing does not quality 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:** Thaniel French Jr. THANIEL FRENCH JR. 4/1/04 850-263-4488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #