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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 GRACEVILLE, FL 32440	5424 COTTON STREET GRACEVILLE, FL 32440

04012004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
5424 Cotton St.	5424 Cotton St.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Graceville FL.	City & State: Graceville FL
Zip: 32440 Country: USA	Zip: 32440 Country: USA

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. 501 NORTH CHANCE RD. BONIFAY, FL 32425	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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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: 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 #