


**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90028 036 \*\*\*\*50.00

DOCUMENT # L03000031138

1. Entity Name  
 FREDE ENTERPRISES, LLC



Principal Place of Business  
 3290 WEST STATE ROAD 46  
 SANFORD, FL 32771

Mailing Address  
 3290 WEST STATE ROAD 46  
 SANFORD, FL 32771

2. Principal Place of Business  
 619 DISTRIBUTION

3. Mailing Address  
 P.O. BOX 506

Suite, Apt. #, etc.

City & State  
 DURHAM, NC

City & State  
 MORRISVILLE, NC

Zip  
 27713

Country  
 USA

Zip  
 27560

Country  
 USA



02252005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
 20-0183069

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

BARKING, MARSHALL H  
 149 S. RIDGEWOOD AVE., SUITE 710  
 DAYTONA BEACH, FL 32114

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 *W. Walsh Hodge* DATE 2/28/05

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**

Make check payable to  
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	EASTERN MARKETING SPECIALISTS, LLC	
STREET ADDRESS	1241 VISTA HILLS DRIVE	
CITY-ST-ZIP	LAKELAND, FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	411 RIDGE BLVD	
CITY-ST-ZIP	SOUTH DAYTONA, FL 32119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *W. Walsh Hodge* DATE: 2/28/05 DAYTIME PHONE #: 919-433-0190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE