2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jul 19, 2006 8:00 am Secretary of State

DOCUMENT # L04000019774 1. Entity Name FRI LLC							07-19-2006	_		
Principal Place of Business 5350 LANDON CIR BOYNTON BEACH, FL 33437			Mailing Address 5350 LANDON CIR BOYNTON BEACH, FL 33437				:	115 ar eri il ein 1811 (12 11 (PS 11 2 12)	
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			07122006	Chg-LLC	CR2E083	(11/05)	
City & State			City & State			4. FEI Numl 20-08			Not	plied For Applicable
Zip				Coun	try	5. Certificate of Status Desired \$5.00 Additional Fee Required			tional	
	6. Name	and Address of Current R	Name			7. Name and Address of New Registered Agent				
11380 PR	OSPERIT	ATIONS NETWORK II Y FARMS RD #221E DENS, FL 33410	Street A		Street Addres	SE (P.O. Box Number is Not Acceptable) SC 4 AND ON C; RCCE				
					City Box	INTON C	EACH	FL	Zip Code	137
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 according to the obligations of registered agent.										
SIGNATURE Signature, typid or grinted name dilegistered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Fil Due t	ing Fee is by Septer	:: s \$50.00 nber 6, 2006					L.	ke check pay a Departmen		
9.		MANAGING MEMBER	RS/MANAGERS	10.			ADDITIONS	/CHANGES		
title Name	MGR FROOT, I	MARVIN	Delete TITLI		I				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	5350 LAN	IDON CIR N BEACH, FL 33437		STREET ADDRES						
TITLE NAME	MGR	DOLICI AS	☐ Delete TITLE		I				Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	FROOT, DOUGLAS 5 5350 LANDON CIR BOYNTON BEACH, FL 33437		STRE		EET ADDRESS '-ST-ZIP					
TITLE	MGR	<u>.</u>	Delete TITLE		E] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	}	STEVEN IDON CIR IN BEACH, FL 33437			ie Eet address '-st-zip					
TITLE			☐ Delete	TITL	E] Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP					EET ADDRESS '-ST-ZIP					
TITLE			☐ Delete	TITL] Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP				STRI	EET ADDRESS '-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	. .	_			С] Change	Addition
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.										
SIGNATURE: MARJIN FRONT & 2/13/04 × 954-461-5877 SIGNATURE AND TYPEDER PRINTED NAME OF SIGNAM NAMAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Days Daystone Phone #										