2001	UNIFORM	BUSINESS	REPORT	(UBR
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DOCUMENT # L9900006210					ì	FILED					§ 2
F.R.E. HOLDINGS, LLC						01 APR 23 PM 5: 17					
Principal Place of Business Mailing Address 1958 SW WINNERS DRIVE 1958 SW WINNERS DRIVE			VE			SECRETARY OF STATE TALLAHASSEE, FLORIDA					
PALM DRIVE	FL 34990	PALM DRIVE FL 34990				1 1604)	e n da ibathani	48 10 88 10 48 10	68 00 68 00 6 8 00 18 07 88	121 0 01 00 01 1 00 1	
2. Principal Place of Business 3. Mailing Address											
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State		4.	FEI Numb	65-095	1801	 	pplied For lot Applicable	,	
Zip	Country	Zip	Coun	try			of Status De		\$5.00 Ad Fee Require	lditional ed	
	6. Name and Address of Current	Registered Agent			7.	Name and	Address of	New Registe	red Agent	•	4
				Name -	DAn	ilel	Str	einb	era		ł
	MATTHEW L ESQ.			Street Ad	dijess (R.O.,I	Box-Numb	er is Not Acce				-
	THYFEDERAL HIGHWAY, SUITE 212	2		1	15 X	<u> </u>	$\frac{1}{2}$	100.	<u>e (S D</u>	<u> </u>	_
STUART	FL 34994			[
				Pali	nc	1+9			FL Zip 3	1990	
8. The above	named entity submits this statement for	r the purpose of changing it	s registere	ed office or r	egistered ag	gent_o/ bo	th, in the State	of Florida.	1.1	1	
SIGNATURE .	Signature, typed or printed name of registery regent a	Inc. (No	TE: Registered	d Agent signature	required when r	reinstating)		<u>s</u> l	<u> </u>	0	ļ
					=						1
		FILE N Make Check P	_	Departm		ate					
9.	MANAGING MEMBE	ERS/MEMBERS	10.				ADDIT	IONS/CHAN	GES		-
TITLE	MGRM	Delete	TITLE			71			Ehanbe	Adding	18
NAME Street address City-St-Zip	STEINBERG, DANIEL J 1958 SW WINNERS DRIVE PALM DRIVE FL 34990			ET ADORESS ST-ZIP				/03/01- ***50.0	-010680	JOI	5083 (11/00)
TITLE	MGRM	☐ Delete	TITLE						☐ Change	Addition	ન જા
NAME Street address City-St-Z!P	STEINBERG, ELAINE M 1958 SW WINNERS DRIVE PALM DRIVE FL 34990	- Osiole	NAME STREE			-			C Onlinge		٥
TITLE NAME		Delete	TITLE		-				☐ Change	Addition	
STREET ADDRESS City-st-zip				ET ADDRESS ST-ZIP							:
TITLE NAME		☐ Delete	TITLE						☐ Change	☐ Addition	1
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CITY-ST-ZIP	· .		CITY-	ST-ZIP							
TITLE -		☐ Delete	TITLE						☐ Change	☐ Addition	†
ME		·	NAME								1
T ADDRESS				T ADORESS ST-ZIP					•		
	w.	☐ Delete	TITLE		•				☐ Change	Addition	1
RESS	4.	•		T ADDRESS ST-ZIP					•		
Λ _{w c}	ertify that the information supplied with t	this filing does not qualify fo	r the even	nntion stated	f in Section	119 07/2//) Florida Stat	utoe I further	cartify that the !-	oformatic -	1
h Mad	ori uns report is true and accurate and t	hat my signature shall beve	the same	lecon effect	as if made u	inder oath:	that ham a r	nan a ging me	certity that the ir mber or manage	r of the	
्रात्या क	oility company or the receiver or tracted	empowered to excite this	report as	quired by	Chapter 608	ც, Florida \ §	itatutes.	1-16	س ا اسد	-121-	1
	@169N125	THE STEET COME OF THE	16.51-2				111	H(t)	561	00.	
1	URE: SIGNAT	United Actions	Hál.	<u>ن</u>			, l		·	1467	+
Ĵ	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MA	NAGER, OR A	WTHORIZED RE	PRESENTATIVE	E	Date		Daytime Phone #		