


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT


FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90070 002 ***150.00

DOCUMENT # L99000006210	
1. Entity Name F.R.E. HOLDINGS, LLC	

Principal Place of Business 1958 SW WINNERS DRIVE PALM DRIVE, FL 34990	Mailing Address 1958 SW WINNERS DRIVE PALM DRIVE, FL 34990
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
02232004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 65-0951801	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
STEINBERG, DANIEL 1958 SW WINNERS DR PALM CITY, FL 34990		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

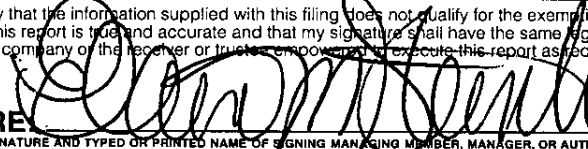
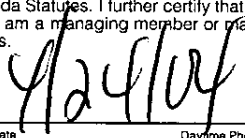
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, 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, 2004	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEINBERG, DANIEL J 1958 SW WINNERS DRIVE PALM DRIVE, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STEINBERG, ELAINE M 1958 SW WINNERS DRIVE PALM DRIVE, FL 34990 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 of the recorder or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

Date _____ Daytime Phone # _____

Elaine M Steinberg