

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002190

Entity Name: FRNGROUP, LLC

FILED
Jan 05, 2005
Secretary of State

Current Principal Place of Business:

1305 POINSETTIA DRIVE
BAY #7
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

1305 POINSETTIA DRIVE
BAY #7
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 56-2374999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: SHOGREN, ALEXANDER L
Address: 610 SOUTH LAKESIDE DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: MGRM () Delete
Name: BEST, SHANNON
Address: 610 SOUTH LAKESIDE DRIVE
City-St-Zip: LAKE WORTH, FL 33460

Title: MGRM () Delete
Name: BIEGE, JEFF
Address: 610 SOUTH LAKESIDE DRIVE
City-St-Zip: LAKE WORTH, FL 33460

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ALEXANDER L. SHOGREN

MGRM

01/05/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date