

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 14, 2008 8:00 am**  
**Secretary of State**

01-14-2008 90044 035 \*\*\*138.75

60001290



01082008 Chg-LLC CR2E083 (12/06)

<b>DOCUMENT # L01000002939</b> 1. Entity Name <b>FROMAN AND ASSOCIATES, L.L.C.</b>																																	
Principal Place of Business <b>3100 UNIVERSITY BOULEVARD, SUITE 200 JACKSONVILLE, FL 32216</b>			Mailing Address <b>24615 HARBORVIEW DRIVE PONTE VEDRA, FL 32082</b>																														
2. Principal Place of Business - No P.O. Box # <b>200 Executive Way</b>		3. Mailing Address <b>Suite 205</b>																															
Suite, Apt. #, etc. <b>Suite 205</b>		Suite, Apt. #, etc. <b>Suite 205</b>																															
City & State <b>Ponte Vedra Beach, FL</b>		City & State <b>Ponte Vedra Beach, FL</b>																															
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6. Name and Address of Current Registered Agent  <b>BROWN, GERALDINE G 3100 UNIVERSITY BOULEVARD, SUITE 200 JACKSONVILLE, FL 32216</b>			7. Name and Address of New Registered Agent Name <b>Susan Froman</b> Street Address (P.O. Box Number is Not Acceptable) <b>24615 Harborview Dr.</b> City <b>Ponte Vedra Beach</b> <b>FL</b> Zip Code <b>32082</b>																														
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 <u><i>Susan Froman</i></u> <b>Susan Froman</b> <span style="float: right;">1/8/08</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																	
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>																														
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>FROMAN, ROBERT L</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>3100 UNIVERSITY BOULEVARD, SUITE 200</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL 32216</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	FROMAN, ROBERT L	<input type="checkbox"/>	STREET ADDRESS	3100 UNIVERSITY BOULEVARD, SUITE 200		CITY-ST-ZIP	JACKSONVILLE, FL 32216		10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change</td> <td style="width: 20%; text-align: center;">Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change	Addition	NAME		<input type="checkbox"/>	<input type="checkbox"/>	STREET ADDRESS				CITY-ST-ZIP			
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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: <u><i>Robert L. Froman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>1/8/08</u> Daytime Phone # <u>C904/357-0045</u>																														