

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L01000006254

FILED
Jul 20, 2005
Secretary of State**Entity Name:** FRAZ, L.L.C.**Current Principal Place of Business:**4182 S UNIVERSITY DR
DAVIE, FL 33328**New Principal Place of Business:****Current Mailing Address:**4182 S UNIVERSITY DR
DAVIE, FL 33328**New Mailing Address:****FEI Number:** 65-1114989**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**CEVALLOS, CARLOS
4182 S UNIVERSITY DR
DAVIE, FL 33328 US**Name and Address of New Registered Agent:**CEVALLOS, CARLOS
1149 CROTON CT
WESTON, FL 33327 US

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: CARLOS CEVALLOS

07/20/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:**Title:** MGR () Delete
Name: CEVALLOS, CARLOS
Address: 4182 S UNIVERSITY DR
City-St-Zip: DAVIE, FL 33328**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES:****Title:** P (X) Change () Addition
Name: CEVALLOS, CARLOS
Address: 1149 CROTON CT
City-St-Zip: WESTON, FL 33327**Title:** DIR () Change (X) Addition
Name: CEVALLOS, MARIA
Address: 1149 CROTON CT
City-St-Zip: WESTON, FL 33327

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: CARLOS CEVALLOS

P

07/20/2005

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