2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
May 15, 2006
Secretary of State

DOCUMENT# L01000006254

Entity Name: FRAZ, L.L.C.

Current Principal Place of Business:

12401 ORANGE DR
SUITE 123
DAVIE, FL 33330

New Principal Place of Business:

4182 S. UNIVERSITY DR
DAVIE, FL 33328

Current Mailing Address:

12401 ORANGE DR
SUITE 123
DAVIE, FL 33330

New Mailing Address:

648 NANDINA DR
WESTON, FL 33327

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
12401 ORANGE DR
SUITE 123
DAVIE, FL 33330 US

Name and Address of New Registered Agent:

CEVALLOS, CARLOS
648 NANDINA DR
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 05/15/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P ( ) Delete
Name: CEVALLOS, CARLOS
Address: 12401 ORANGE DR
City-St-Zip: DAVIE, FL 33330

Title: DIR ( ) Delete
Name: CEVALLOS, MARIA
Address: 12401 ORANGE DR
City-St-Zip: DAVIE, FL 33330

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: CEVALLOS, CARLOS
Address: 648 NANDINA DR
City-St-Zip: WESTON, FL 33327

Title: DIR (X) Change ( ) Addition
Name: CEVALLOS, MARIA
Address: 648 NANDINA DR
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 Chapter 119, 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 05/15/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date