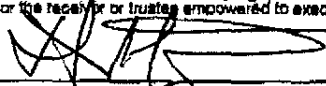


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # L01000012026			
1. Entity Name FRANK ROGERS, LLC			
Principal Place of Business 410 NORTH FEDERAL HIGHWAY #521 DEERFIELD BEACH, FL 33441		Mailing Address % FRANK ROGERS LLC 1 DONALD DRIVE WESTPORT, CT 06880	
DO NOT WRITE IN THIS SPACE			
8. Name and Address of Current Registered Agent ROGEWITZ, FRANK 410 NORTH FEDERAL HIGHWAY #521 DEERFIELD BEACH, FL 33441		DO NOT WRITE IN THIS SPACE	
9. 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 _____ Signature, typed or printed name of registered agent and 1999 is applicable.		DATE _____ (NOTE: Registered Agent signature required when retaking)	
Filing Fee is \$80.00 Due by May 1, 2005			
2. MANAGING MEMBERS/MANAGERS		 04282005No Chg-LLC CR2E083 (10/03) 4. FEI Number 85-1130001 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
TITLE _____ NAME ROGEWITZ, FRANK STREET ADDRESS 410 NORTH FEDERAL HIGHWAY #521 CITY-ST-ZIP DEERFIELD BEACH, FL 33441			
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			
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TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 606, Florida Statutes.			
SIGNATURE: 		4/29/05 205-243-2195 Date Daytime Phone #	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE			