2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # L01000018756

Entity Name

AZEE ISLAND PARTNERS, L.L.C.

Principal Place of Business	Mailing Address
5 OLD DOMINION RD LAHASSEE FL 32312	9245 OLD DOMINION RD TALLAHASSEE FL 32312 US

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
~~Old Dominion RD~~	~~945 OLD DOMINION RD~~
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ~~TALLAHASSEE/FL~~	City & State: ~~TALLAHASSEE/FL~~
~~32~~ Country: ~~USA~~	Zip: ~~32312~~ Country: ~~USA~~

4. FEI Number: 59-3755206 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRAZEE, JOHN P JR 9245 OLD DOMINION ROAD TALLAHASSEE FL 32312	Name: ~~FRAZEE, JOHN P. JR~~ Street Address (P.O. Box Number is Not Acceptable): ~~9245 OLD DOMINION ROAD~~ City: ~~TALLAHASSEE~~ FL Zip Code: ~~32317~~

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

Signature, typed or printed name of registered agent and title if applicable

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
MGR FRAZEE, JOHN P JR 9245 OLD DOMINION ROAD TALLAHASSEE FL 32312 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition U00000397984 01/30/06-80077-007 50.00
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition
☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: _____ 1/19/06 850-222-2881