

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000014261

Entity Name: FRAINE DEVELOPMENT, LLC

FILED
Mar 26, 2008
Secretary of State

Current Principal Place of Business:

113 GULF POINT RD
SANTA ROSA BEACH, FL 32578

New Principal Place of Business:

105 TERESA CT
NICEVILLE, FL 32578

Current Mailing Address:

105 TERESA COURT
NICEVILLE, FL 32578

New Mailing Address:

5113 CHARLSIE DRIVE
MARIETTA, GA 30068

FEI Number: 36-4499845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COFFIELD, P. COLLEEN
105 TERESA COURT
NICEVILLE, FL 32578 US

Name and Address of New Registered Agent:

COFFIELD, P. COLLEEN
1719 COUNTY HWY 393
SANTA ROSA BEACH, FL 32459 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:

03/26/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRAINE, WILLIAM G
Address: 113 GULF POINT RD
City-St-Zip: SANTA ROSA BEACH, FL 32578

Title: MGRM () Delete
Name: FRAINE, DAWN M
Address: 113 GULF POINT RD
City-St-Zip: SANTA ROSA BEACH, FL 32578

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRAINE, WILLIAM G
Address: 105 TERESA CT
City-St-Zip: NICEVILLE, FL 32578

Title: MGRM (X) Change () Addition
Name: FRAINE, DAWN M
Address: 105 TERESA CT
City-St-Zip: NICEVILLE, FL 32578

I hereby certify that the information supplied with this filing does not qualify 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: WILLIAM G FRAINE

MR

03/26/2008

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