


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004 8:00 am
Secretary of State

04-27-2004 90019 011 ****50.00

DOCUMENT # L02000015342

1. Entity Name
 FST, LLC



Principal Place of Business
 101 CHARDIN DRIVE
 NOKOMIS, FL 34275

Mailing Address
 101 CHARDIN DRIVE
 NOKOMIS, FL 34275

24056640



~~2. Principal Place of Business~~
~~2080 Ringling Blvd~~
 Suite, Apt. #, etc.

~~3. Mailing Address~~
~~2080 Ringling Blvd~~
 Suite, Apt. #, etc.

04202004 Chg-LLC CR2E083 (10/03)

City & State
 Sarasota FL

City & State
 Sarasota FL

Zip
 34237

Country

Zip
 34237

Country

4. FEI Number
 16-1615042

Applied For
 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FRAZIER, GEOFFREY A
 101 CHARDIN DRIVE
 NOKOMIS, FL 34275

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

2080 Ringling Blvd

City Sarasota FL Zip Code 34237

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 Rich E. Frazier DATE 4/22/04

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00
 Due by May 1, 2004

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C FRAZIER, GEOFFREY A 101 CHARDIN DRIVE NOKOMIS, FL 34275 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PC ST. GEORGE, RICK 101 CHARDIN DRIVE NOKOMIS, FL 34275 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORRINGTON, RICK 101 CHARDIN DRIVE NOKOMIS, FL 34275 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2080 Ringling Blvd Sarasota FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2080 Ringling Blvd Sarasota FL 34237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2080 Ringling Blvd Sarasota FL 34237
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Rich E. Frazier DATE 4/22/04 DAYTIME PHONE # 941-441-1683

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE