


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90078 045 \*\*\*\*50.00

**DOCUMENT # L02000015342**

1. Entity Name  
**FST, LLC**



Principal Place of Business  
**2080 RINGLING BLVD.  
 1ST FLOOR  
 SARASOTA, FL 34237 US**

Mailing Address  
**2080 RINGLING BLVD.  
 1ST FLOOR  
 SARASOTA, FL 34237 US**

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 City & State

Zip Country  
 Zip Country



04262006 Chg-LLC CR2E083 (11/05)

6. Name and Address of Current Registered Agent

**GARBADE, JOSEPH L  
 2080 RINGLING BLVD.  
 1ST FLOOR  
 SARASOTA, FL 34237**

7. Name and Address of New Registered Agent

Name **Geoffrey Frazier**  
 Street Address (P.O. Box Number is Not Acceptable) **2080 RINGLING Blvd - 2nd Fl**  
 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  **Geoffrey Frazier, owner** (NOTE: Registered Agent signature required when reinstating)  
 DATE **4-27-06**

**Filing Fee is \$50.00  
 Due by May 1, 2006**

**Make check payable to  
 Florida Department of State**

9. MANAGING MEMBERS / MANAGERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C FRAZIER, GEOFFREY A 2080 RINGLING BLVD., 1ST FLOOR SARASOTA, FL 34237</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PC ST. GEORGE, RICK 2080 RINGLING BLVD., 1ST FLOOR SARASOTA, FL 34237</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DIXON, MIKE J 2080 RINGLING BLVD., 1ST FLOOR SARASOTA, FL 34237</b>	<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 type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 exemptions contained in Chapter 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:**  **Geoffrey Frazier**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
 Date **4-27-06** Daytime Phone # **941-919-8266**