

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000023092

FILED  
Jul 12, 2004  
Secretary of State

Entity Name: FRAY ASSOCIATES, LLC

**Current Principal Place of Business:**

8948 CROWN BRIDGE WAY  
FT MYERS, FL 33908

**New Principal Place of Business:**

8833 NEW CASTLE DRIVE  
FT MYERS, FL 33908

**Current Mailing Address:**

8948 CROWN BRIDGE WAY  
FT MYERS, FL 33908

**New Mailing Address:**

8833 NEW CASTLE DRIVE  
FT MYERS, FL 33908

FEI Number: 56-2291874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIZZO, THOMAS F  
2340 PERIWINKLE WAY, STE. J-2  
SANIBEL, FL 33957 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: OCESTER, RAYMOND J  
Address: 8948 CROWN BRIDGE WAY  
City-St-Zip: FT MYERS, FL 33908

Title: MGR ( ) Delete  
Name: NEWMAN, FREDERICK G  
Address: 8731 SOUTH LAKE CIRCLE  
City-St-Zip: FT MYERS, FL 33908

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: OCESTER, RAYMOND J  
Address: 8833 NEW CASTLE DRIVE  
City-St-Zip: FT MYERS, FL 33908

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: RAYMOND J. OCHESTER

MGR

07/12/2004

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