

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90114 040 ****50.00

DOCUMENT # L03000006594 1. Entity Name F.R.O.G. VENTURES LLC					
Principal Place of Business 2212 WOODLAWN DR. TALLAHASSEE, FL 32303			Mailing Address PO BOX 3762 TALLAHASSEE, FL 32315-3762		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 02-0680712	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent O'NEAL, DONNA 2212 WOODLAWN DR TALLAHASSEE, FL 32303				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code 	
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 _____					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KELLEY, DIANE 2028 WILDRIDGE DR. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WATKINS, KATHY 2028 WILDRIDGE DR. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'NEAL, DONNA 2212 WOODLAWN DR. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ALEXIONOK, LINDA 2212 WOODLAWN DR. TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DOVIDSON, BARBARA 4004 BOBBIN BROOK CIR TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM DAVIS, ANNE 4004 BOBBIN BROOK CIR TALLAHASSEE, FL 32312	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAYIDSON	<input checked="" 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: DIANE KELLEY 1/19/05 (850) 509-4444					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

20007407



01182005 Chg-LLC CR2E083 (10/03)

Applied For
Not Applicable

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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Due by May 1, 2005**

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

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SIGNATURE: **DIANE KELLEY** 1/19/05 (850) 509-4444

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