




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2006 8:00 am
Secretary of State

04-11-2006 90012 022 ****50.00

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|--|---|---|--|---|--|
| 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 1549 Colonial Dr. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State Tallahassee FL | | City & State | | 4. FEI Number 02-0680712 | |
| Zip 32303 | | Country USA | | Zip Country | |
| 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 Diane E. Kelley Street Address (P.O. Box Number is Not Acceptable) 1549 Colonial Dr. City Tallahassee FL Zip Code 32303 | | |
| 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 2/8/06 | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | | 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1010 Lothian Dr. Tallahassee FL 32312 |
| 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 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1010 Lothian DR Tallahassee FL 32312 |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | MGRM DAVIDSON, BARBARA 4004 BOBBIN BROOK CIR TALLAHASSEE, FL 32312 | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 | <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  | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE | | | | | |
| Date 2/8/06 Daytime Phone # 509-4444 | | | | | |