

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000029952

FILED  
Jul 22, 2004  
Secretary of State

Entity Name: FROWICK PROPERTIES, LLC

**Current Principal Place of Business:**

5522 NORTHWEST 91ST BLVD.  
GAINESVILLE, FL 32653

**New Principal Place of Business:**

4108 HIGHLAND PARK CIRCLE  
LUTZ, FL 33558

**Current Mailing Address:**

5522 NORTHWEST 91ST BLVD.  
GAINESVILLE, FL 32653

**New Mailing Address:**

4108 HIGHLAND PARK CIRCLE  
LUTZ, FL 33558

FEI Number: 35-2222472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

QUINCEY, JAMES S ESQ.  
111 SOUTHEAST FIRST AVENUE  
GAINESVILLE, FL 32601 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: MGRM ( ) Delete  
Name: FROWICK, DON  
Address: 5522 NORTHWEST 91ST BLVD.  
City-St-Zip: GAINESVILLE, FL 32653

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FROWICK, DON  
Address: 4108 HIGHLAND PARK CIRCLE  
City-St-Zip: LUTZ, FL 33558

Title: MGRM ( ) Change (X) Addition  
Name: VALDES, MARC  
Address: 4108 HIGHLAND PARK CIRCLE  
City-St-Zip: LUTZ, FL 33558

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: DON FROWICK

MGRM

07/22/2004

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