


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90349 027 ****50.00

DOCUMENT # L03000030322 1. Entity Name FRAZ, LLC					
Principal Place of Business 1683 EAGLENEST CIRCLE WINTER SPRINGS, FL 32708			Mailing Address 1683 EAGLENEST CIRCLE WINTER SPRINGS, FL 32708		
2. Principal Place of Business 12803 FORESTEDGE CIRCLE Suite, Apt. #, etc.		3. Mailing Address 12803 FORESTEDGE CIRCLE Suite, Apt. #, etc.			
City & State ORLANDO, FL.		City & State ORLANDO, FL.		4. FEI Number 04032004 Chg-LLC CR2E083 (10/03)	
Zip 32828		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent GOWER, FRANK H 1683 EAGLENEST CIRCLE WINTER SPRINGS, FL 32708			7. Name and Address of New Registered Agent Name GOWER, FRANK H. Street Address (P.O. Box Number is Not Acceptable) 12803 FORESTEDGE CIRCLE City ORLANDO FL 32828		
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 <u><i>Frank H. Gower</i></u> (NOTE: Registered Agent signature required when reinstating) 4/3/04					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GOWER, FRANK H 1683 EAGLENEST CIRCLE WINTER SPRINGS, FL 32708 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 12803 FORESTEDGE CIRCLE ORLANDO, FL 32808		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<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	<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	<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	<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 exemption stated in Section 119.07(3)(f); 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: <u>Frank H. Gower</u> FRANK H. GOWER			4/3/04 407-304-6703		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		