2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Feb 25, 2004 8:00 am **Secretary of State** DOCUMENT # L03000044531 1. Entity Name 02-25-2004 90284 005 ****50.00 BROCK FRAZIER CONSTRUCTION COMPANY, LLC Principal Place of Business Mailing Address 4341 THOMAS DRIVE PANAMA CITY BEACH FL 32408 4341 THOMAS DRIVE PANAMA CITY BEACH FL 32408 24014396 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) City & State City & State 4. FEI Number Applied For Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRAZIER, JAMES B Street Address (P.O. Box Number is Not Acceptable) 4341 THOMAS DRIVE PANAMA CITY BEACH FL 32408 Zip Code F١ 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE TITLE ☐ Delete Change ☐ Addition FRAZIER, JAMES B STREET ADDRESS 4341 THOMAS DRIVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY BEACH FL 32408 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE □ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CXY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME

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 frue 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: INTED NAME OF SIGNING MANAGING ER. OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

Date Daytime Phone #

FILED