


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90284 005 ****50.00

| | | | | | |
|---|---|-----|--|---|--|
| DOCUMENT # L03000044531 | | | |  | |
| 1. Entity Name BROCK FRAZIER CONSTRUCTION COMPANY, LLC | | | | | |
| Principal Place of Business 4341 THOMAS DRIVE PANAMA CITY BEACH FL 32408 | | | Mailing Address 4341 THOMAS DRIVE PANAMA CITY BEACH FL 32408 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 4. FEI Number | |
| | | | | Applied For <input checked="" type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent FRAZIER, JAMES B 4341 THOMAS DRIVE PANAMA CITY BEACH FL 32408 | | | | 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 _____ | | | | | |
| FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 | | | | | |
| 9. MANAGING MEMBERS / MANAGERS | | | | | |
| TITLE | MGRM <input type="checkbox"/> Delete | | | | |
| NAME | FRAZIER, JAMES B | | | | |
| STREET ADDRESS | 4341 THOMAS DRIVE | | | | |
| CITY-ST-ZIP | PANAMA CITY BEACH FL 32408 | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Delete | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| 10. ADDITIONS / CHANGES | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | | | | |

24014396



MOORE CR2E083 (11/03)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #