2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 12, 2004 8:00 am Secretary of State DOCUMENT # L03000050358 03-12-2004 90229 010 ****50.00 FRASER CONSTRUCTION, LLC Principal Place of Business Mailing Address 2614 GRAND AVE DELAND FL 32720 2614 GRAND AVE DELAND FL 32720 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. MOORE CR2E083 (11/03) 4. FEI Number 5932 83960 City & State City & State Applied For Not Applicable Zip Zip \$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 FRASER, WILLIAM A-Street Address (P.O. Box Number is Not Acceptable) 2614 GRAND AVE DELAND FL 32720 Zin 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS 9 10. ADDITIONS/CHANGES TITLE MGRM ☐ Delete TITLE Change ☐ Addition NAME FRASER, WILLIAM A NAME STREET ADDRESS STREET ADDRESS 2614 GRAND AVE DELAND FL 32720 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Chappe ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ☐ Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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.

FILED