


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90023 025 \*\*\*\*50.00

<b>DOCUMENT # L03000052543</b>	
1. Entity Name <b>FRP, LLC</b>	

Principal Place of Business <b>4000 BAYSHORE DRIVE UNIT A NAPLES FL 34112 US</b>	Mailing Address <b>4000 BAYSHORE DRIVE UNIT A NAPLES FL 34112 US</b>
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2. Principal Place of Business <b>6220 Taylor Rd</b>	3. Mailing Address <b>6220 Taylor Rd #103</b>
Suite, Apt. #, etc. <b>103</b>	Suite, Apt. #, etc. <b>Naples FL</b>

1st MOORE CR2E083 (10/05)

City & State <b>Naples, FL</b>	City & State
Zip <b>34109</b>	Country
Zip <b>34109</b>	Country

4. FEI Number <b>20-0674278</b>	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>VETTER, RICHARD 4000 BAYSHORE DRIVE UNIT A NAPLES FL 34112</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	<b>6220 Taylor Rd #103</b>
City	<b>Naples FL</b>
Zip Code	<b>34109</b>

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, 2006**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR VETTER, RICHARD 4000 BAYSHORE DRIVE, UNIT A NAPLES FL 34112</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR RUBINELLI, FRANK 9925 CLEAR LAKE CIRCLE NAPLES FL 34109</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR SHOUP, PETER E 132 SHARWOOD DRIVE NAPLES FL 34110</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>678 Canica Rd Naples, FL 34108</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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**

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

Date

Daytime Phone #