2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 20, 2005 8:00 am
Secretary of State

04-21-2005 90032 001 ****50.00

DOCUMENT # L04000012005

1. Entity Name
FRASER MGMT "SHIP & MAIL" LLC

Principal Place of Business	Mailing Address
1640 WEST GRANADA BLVD. -02 ORMOND BEACH, FL 32174 US	1640 WEST GRANADA BLVD. -02 ORMOND BEACH, FL 32174 US

03162005 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
	PO Box 731329
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: Ormond Beach, Florida
Zip / Country	Zip: 32173 Country: USA

4. FEI Number 34-1292708 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRASER, M K II 1640 WEST GRANADA BLVD. -02 ORMOND BEACH, FL 32174	Name Street Address (P.O. Box Number is Not Acceptable) N/A 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 [signature] 4/19/2005
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRASER, M K II 1640 WEST GRANADA BLVD. -02 ORMOND BEACH, FL 32174	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature] 4/19/2005 386-615-0600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #