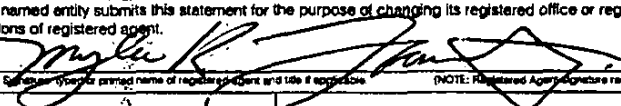
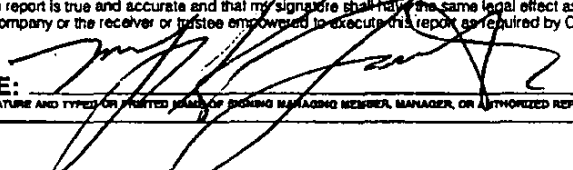


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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 1640 WEST GRANADA BLVD. -02 ORMOND BEACH, FL 32174 US		Mailing Address 1640 WEST GRANADA BLVD. -02 ORMOND BEACH, FL 32174 US	
2. Principal Place of Business		3. Mailing Address PO Box 731329	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ormond Beach, Florida		4. FEL Number 34-1292708	
Zip 32173	Country USA	Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		03162005 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent FRASER, M K II 1640 WEST GRANADA BLVD. -02 ORMOND BEACH, FL 32174		7. Name and Address of New Registered Agent N/A	
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.		DATE 4/19/2005	
SIGNATURE 		(NOTE: Registered Agent signature required when releasing)	
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
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ 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 606, Florida Statutes.			
SIGNATURE: 		DATE 4/19/2005 386-615-0600	
SIGNATURE AND TITLE OF LIMITED LIABILITY COMPANY MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	