2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Jan 21, 2005 8:00 am Secretary of State DOCUMENT # L04000012868 01-21-2005 90091 015 ****55.00 FRAZIER CONSTRUCTION, LLC Principal Place of Business Mailing Address 9818 HWY 20 W -9818 HWY 20 W **CUUULJOD** FREEPORT FEL 32439 FREEPORT, FL 32439. US 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. 01042005 Chg-LLC CR2E083 (10/03) City & State City & State 4. FEI Number Applied For 59-2278021 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FRAZIER, CARRIE B Street Address (P.O. Box Number is Not Acceptable) 9818 HWY 20 W FREEPORT, FL 32439 Zip Code City 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 Squature, typed or printed name of registered agent and take if applicable. MERCHANT, WE THINK ! THE RESERVENCE OF THE PARTY OF Filling Fee is \$50.00 Due by May 1, 2005 Make check payable to Committee of the control of the cont 1.90% (0.1 e postavija (p. 30 Florida Department of State 13.00 B. 18.9 9. 1. 10:48 ! MANAGING MEMBERS/MANAGERS 10.0 (30.00) ADDITIONS/CHANGES MGRM TITLE Delete TITLE ■ Addition FRAZIER, CARRIE B NAME NAME 9818 HWY 20 W STREET ADDRESS STREET ADDRESS CITY-ST-ZIP . . FREEPORT, FL 32439 CITY-ST-ZIP MGRM TIDE ☐ Detete TITLE Addition FRAZIER, DARRYL D NAME NAME STREET ADDRESS 9818 HWY 20 W STREET ADDRESS CITY-ST-ZIP FREEPORT, FL 32439 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME -17¹. STREET ADDRESS Shelle mades o STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WHITE A CH. EBGIRB Charles N TITLE ☐ Delete TITLE ☐ Chance ☐ Addition NAME 買い NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP 11. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FRAZICK

Date

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

<u> 835-4521</u>

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