

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000042928

Entity Name: FRAZER PROPERTIES II LLC

FILED
Jan 29, 2005
Secretary of State

Current Principal Place of Business:

305 SW NORTH SHORE BLVD.
PORT ST. LUCIE, FL 34986

New Principal Place of Business:

Current Mailing Address:

305 SW NORTH SHORE BLVD.
PORT ST. LUCIE, FL 34986

New Mailing Address:

FEI Number: 20-1140573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRAZER, STEVEN
305 SW NORTH SHORE BLVD.
PORT ST. LUCIE, FL 34986 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FRAZER PROPERTIES MA, NAGEMENT LLC
Address: 305 SW NORTH SHORE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

Title: MGRM () Delete
Name: FRAZER, ASHLEY
Address: 79 COLLINS STREET
City-St-Zip: SAN FRANCISCO, CA 94118

Title: MGRM () Delete
Name: FRAZER, STEVEN
Address: 305 SW NORTH SHORE BLVD.
City-St-Zip: PORT ST. LUCIE, FL 34986

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: STEVEN FRAZER

MGRM

01/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date