

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000027657

FILED  
Apr 17, 2009  
Secretary of State

Entity Name: FRAZE INVESTMENTS LLC

**Current Principal Place of Business:**

1750 CENTRAL AVE  
ST. PETERSBURG, FL 33712 US

**New Principal Place of Business:**

**Current Mailing Address:**

1750 CENTRAL AVE  
ST. PETERSBURG, FL 33712 US

**New Mailing Address:**

FEI Number: 20-2525071

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JON K FRAZE, CPA, PA  
4601 CENTRAL AVE  
ST. PETERSBURG, FL 33713 US

**Name and Address of New Registered Agent:**

FRAZE, ORA F IV  
1750 CENTRAL AVE  
ST. PETERSBURG, FL 33712 US

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: ORA FRANKLIN FRAZE, IV

04/17/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: FRAZE, ORA F IV  
Address: 1750 CENTRAL AVENUE  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: MGRM ( ) Delete  
Name: FRAZE, CAROLYN J  
Address: 503 23RD AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, FL 33704

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

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

Title: MGRM ( ) Change (X) Addition  
Name: FRAZE, HENRY S JR  
Address: 8601 MACOMA DRIVE N.E.  
City-St-Zip: ST. PETERSBURG, FL 33702

Title: MGRM ( ) Change (X) Addition  
Name: STANICH, HENRY M  
Address: 15546 REDINGTON DRIVE  
City-St-Zip: REDINGTON BEACH, FL 33708

Title: MGRM ( ) Change (X) Addition  
Name: FRAZE, KEVIN  
Address: 1215 NE 23RD TERRACE  
City-St-Zip: GAINESVILLE, FL 32605

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ORA FRANKLIN FRAZE, IV

MGRM

04/17/2009

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