

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000095781

**FILED**  
**Jan 20, 2006**  
**Secretary of State**

**Entity Name:** FRAZE PROPERTIES, LLC

**Current Principal Place of Business:**

4215 CENTRAL AVENUE  
ST PETERSBURG, FL 33713

**New Principal Place of Business:**

1750 CENTRAL AVENUE  
ST PETERSBURG, FL 33712

**Current Mailing Address:**

4215 CENTRAL AVENUE  
ST PETERSBURG, FL 33713

**New Mailing Address:**

1750 CENTRAL AVENUE  
ST PETERSBURG, FL 33712

**FEI Number:** 38-3727858

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FRAZE, O. FRANK  
4215 CENTRAL AVENUE  
ST PETERSBURG, FL 33713 US

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

FRAZE, O. FRANK  
1750 CENTRAL AVENUE  
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: \_\_\_\_\_

01/20/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

Title: MBR ( ) Change (X) Addition  
Name: FRAZE, ORA F  
Address: 1750 CENTRAL AVENUE  
City-St-Zip: ST. PETERSBURG, FL 33712

I hereby certify that the information supplied with this filing does not qualify for the 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 F. FRAZE

MBR

01/20/2006

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