2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000063759

SIMPSON, THERESA B

401 E LAS OLAS BLVD SUITE 130-185

FORT LAUDERDALE, FL 33301

Name:

Address:

City-St-Zip:

FILED Jun 29, 2009 Secretary of State

Entity Name: FRASER ACQUISITIONS AND RE-DEVELOPMENT, LLC

Current Principal Place of Business: New Principal Place of Business: 2496 BIMINI LANE 401 E LAS OLAS BLVD FORT LAUDERDALE, FL 33312 SUITE 130 - 185 FORT LAUDERDALE, FL 33301 **Current Mailing Address: New Mailing Address:** 401 E LAS OLAS BLVD. SUITE 130 - 185 FORT LAUDERDALE, FL 33301 FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired () In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SIMPSON, FRASER S 401 E. LAS OLAS BLVD SUITE 130 - 185 FORT LAUDERDALE, FL 33301 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete SIMPSON, FRASER S Name: Name: Address: 401 E LAS OLAS BLVD SUITE 130-185 Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: SIMPSON, TERENCE M Name: Address: 401 E LAS OLAS BLVD SUITE 130-185 Address: City-St-Zip: FORT LAUDERDALE, FL 33301 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: FRASER SIMPSON MR 06/29/2009