

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000000720

FILED  
Sep 07, 2005  
Secretary of State

**Entity Name:** OSBORNE-FRAZIER FAMILY PARTNERSHIP, L.C.

**Current Principal Place of Business:**

1793 F.I.M. BLVD  
FORT WALTON BEACH, FL 32547

**New Principal Place of Business:**

**Current Mailing Address:**

1793 F.I.M. BLVD  
FORT WALTON BEACH, FL 32547

**New Mailing Address:**

**FEI Number:** 59-3389782      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **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:**

OSBORNE, ROBERT P  
151 ELDRERGE RD.  
FT WALTON BEACH, FL 32548      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/MANAGERS:**

**Title:** MGR      ( ) Delete  
**Name:** OSBORNE, ROBERT P  
**Address:** 151 ELDRIDGE RD  
**City-St-Zip:** FORT WALTON BEACH, FL 32548

**ADDITIONS/CHANGES:**

**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: DEENA J CANALS

MRS

09/07/2005

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