


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**DOCUMENT # L03000038845**

1. Entity Name  
**FREDERIKE LLC**



FILED  
05 MAY -2 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133	Mailing Address 2665 S. BAYSHORE DR., STE. 703 MIAMI, FL 33133
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State
Zip	Country



04282005 Chg-LLC CR2E083 (10/03) **50-00**

4. FEI Number <b>72-1572312</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

WORLD CORPORATE SERVICES, INC.  
2665 S. BAYSHORE DR., STE. 703  
MIAMI, FL 33133

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

8. 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. I am familiar with, and accept the obligations of registered agent.


SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME	MGR SANIOVENIA, ALINA	<input checked="" type="checkbox"/> Delete	TITLE NAME	MGR Reiter, Hans	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1 SOUTH OCEAN BLVD., SUITE 205		STREET ADDRESS	2665 S. Bayshore Drive	
CITY-ST-ZIP	BOCA RATON, FL 33432		CITY-ST-ZIP	Miami, FL 33133	
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete	TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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.

Timothy D. Richards

**SIGNATURE:**  4/19/05 (305) 858-9900

Date Daytime Phone #

5/10/05