


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 MAY -9 PM 12:09

SECRETARY STATE
TALLAHASSEE FLORIDA

DOCUMENT # L03000038845 1. Entity Name FREDERIKE LLC	
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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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X/16



2. Principal Place of Business	3. Mailing Address	04202006	Chg-LLC	CR2E083 (11/05)
Suite, Apt #, etc.	Suite, Apt #, etc.	4. FEI Number 72-1572312		
City & State	City & State	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required

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
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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 _____

**Filing Fee is \$50.00
Due by May 1, 2006**



9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARCAINI, TONIO G.B. 2665 S. BAYSHORE DR., SUITE 703 MIAMI, FL 33133	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Tonio G.B. Arcaini 4/17/06 (305) 858-9900

SIGNATURE: _____ DATE: _____ DAYTIME PHONE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE