
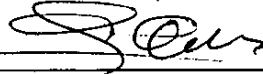


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90003 034 ****50.00

DOCUMENT # L05000009210				
1. Entity Name FRALUC, LLC				
Principal Place of Business 12545 PALM ROAD NORTH MIAMI, FL 33181		Mailing Address 12545 PALM ROAD NORTH MIAMI, FL 33181		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent
SCHIFFMAN, ADAM R ESQUIRE 2999 N.E. 191ST STREET, SUITE 900 AVENTURA, FL 33180				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 _____				
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BEN, LUCCIANO 12545 PALM ROAD NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HARRIS, FRANK 12545 PALM ROAD NORTH MIAMI, FL 33181	<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		
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.				
SIGNATURE: 				Date: <u>03/01/2006</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE				Daytime Phone #