

2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000045250

Entity Name: FRAGADOR LLC

FILED
Aug 03, 2007
Secretary of State

Current Principal Place of Business:

1320 SOUTH DIXIE HIGHWAY
SUITE 214
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

1320 SOUTH DIXIE HIGHWAY
SUITE 214
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 20-2818546

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MURAI WALD BIONDO MORENO & BROCHIN, P.A.
TWO ALHAMBRA PLAZA
PENTHOUSE 1B
CORAL GABLES, FL 33134 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: FRAGA, ALBERT J
Address: 1320 S DIXIE HWY., STE 214
City-St-Zip: CORAL GABLES, FL 331462951 US

Title: MGR () Delete
Name: FRAGA, ANTONIO C
Address: 1320 S DIXIE HWY STE 214
City-St-Zip: CORAL GABLES, FL 331462951 US

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: FRAGA, ALBERT J
Address: 1320 S DIXIE HWY., STE 214
City-St-Zip: CORAL GABLES, FL 331462951 US

Title: VP (X) Change () Addition
Name: FRAGA, ANTONIO C
Address: 1320 S DIXIE HWY STE 214
City-St-Zip: CORAL GABLES, FL 331462951 US

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.

SIGNATURE: ANTONIO C. FRAGA

VP

08/03/2007

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