


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 16, 2004 8:00 am
Secretary of State

04-16-2004 90408 002 ****50.00

DOCUMENT # M03000001100			
1. Entity Name FRAYDUN ENTERPRISES LLC			
Principal Place of Business C/O JEROME H. KATZ #3 NEW YORK PLAZA NEW YORK NY 10004		Mailing Address C/O JEROME H. KATZ #3 NEW YORK PLAZA NEW YORK NY 10004	
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 BARTLETT, BARON 135 PROFESSIONAL DR., STE. 101 PONTE VEDRA BEACH FL 32082		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	C <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANOCHERIAN, FRAYDUN	NAME	
STREET ADDRESS	#3 NEW YORK PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10004	CITY-ST-ZIP	
TITLE	VC <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANOCHERIAN, IAD	NAME	
STREET ADDRESS	#3 NEW YORK PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10004	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANOCHERIAN, GREG	NAME	
STREET ADDRESS	#3 NEW YORK PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10004	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOLOMON, SCOTT	NAME	
STREET ADDRESS	#3 NEW YORK PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10004	CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KATZ, JEROME H	NAME	
STREET ADDRESS	#3 NEW YORK PLAZA	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10004	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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MOORE CR2E083 (11/03)

4. FEI Number **13-4035537** Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

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.

SIGNATURE: *Jerome H. Katz*

Date **4/14/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #