


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2005 8:00 am
Secretary of State

01-24-2005 901.04 004 ****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**

20003547

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip



01132005 Chg-LLC CR2E083 (10/03)

4. FEI Number
13-4035537

Applied For
 Not Applied

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

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 **Safa Mansouri**
 Street Address (P.O. Box Number is Not Acceptable)
2683 St Johns Bluff Rd. So. #155
 City **Jacksonville** FL Zip Code **32246**

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 *Safa Mansouri* **Safa Mansouri** DATE **1.4.05**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2005

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|----------------------|-------------------|--------------------|-------------------------------------|
| C | MANOCHERIAN, FRAYDUN | #3 NEW YORK PLAZA | NEW YORK, NY 10004 | <input type="checkbox"/> |
| VC | MANOCHERIAN, IAD | #3 NEW YORK PLAZA | NEW YORK, NY 10004 | <input checked="" type="checkbox"/> |
| Dir | MANOCHERIAN, GREG | #3 NEW YORK PLAZA | NEW YORK, NY 10004 | <input checked="" type="checkbox"/> |
| P | SOLOMON, SCOTT | #3 NEW YORK PLAZA | NEW YORK, NY 10004 | <input type="checkbox"/> |
| ST | KATZ, JEROME H | #3 NEW YORK PLAZA | NEW YORK, NY 10004 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

10. ADDITIONS/CHANGES

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | Change | Ad |
|-------|-----------------------|----------------------|--------------------|-------------------------------------|--------------------------|
| | Pan Am Equities, Inc. | Three New York Plaza | New York, NY 10004 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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: _____ Date _____ Daytime Phone # _____

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