2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

ANNUAL REPORT DOCUMENT # M03000001100

1. Entity Name FRAYDUN ENTERPRISES LLC

FILED
Jan 31, 2006 08:00 AM
Secretary of State

Principal Place of Business C/O JEROME H. KATZ #3 NEW YORK PLAZA NEW YORK, NY 10004

SIGNATURE:

SIGNATURE AND TYPED OR

Mailing Address

C/O JEROME H. KATZ #3 NEW YORK PLAZA NEW YORK, NY 10004



01122006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number 13-4035537 Applied For Not Applicable

6. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MANSOURI, SAFA 2683 ST JOHNS BLUFF RD SO STE 155 JACKSONVILLE, FL 32246

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Date

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8. The above the obligat	named entity submits this statement for the purpose of chan- tions of registered agent.	ging its registered office or re	egistered agent, or both, in the St	ale of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and life if applicable	(NOTE Registered Agent signature	raquired when renstaling)	OATE
FI D	iling Fee is \$50.00 ue by May 1, 2006			
9.	MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PAN AM EQUITIES, INC #3 NEW YORK PLAZA NEW YORK, NY 10004			
TITLE NAME STRCET ADDRESS CITY-ST-ZIP	P SOLOMON, SCOTT #3 NEW YORK PLAZA NEW YORK, NY 10004		02/ 1	J00000412466 10/06-80048-006 50.00
TITLE NAME STRELLI ADDRESS CHTY-SI-ZIP	ST KATZ, JEROME H #3 NEW YORK PLAZA NEW YORK, NY 10004		DO NO	T WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			IN THIS	SPACE
DILE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS				

11. I hereby certify that the information supplied with this filling 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 it made under oath; that I am a managing member or manager of the limited flability company or the receiver or trustee employered to execute this report as required by Chapter 508, Florida Statutes.

RINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE