

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000018048

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** FRAGA ACQUISITION II, LLC

**Current Principal Place of Business:**

1320 S. DIXIE HWY.  
214  
CORAL GABLES, FL 331462951 US

**New Principal Place of Business:**

**Current Mailing Address:**

1320 S. DIXIE HWY  
214  
CORAL GABLES, FL 331462951 US

**New Mailing Address:**

**FEI Number:** 22-3872067

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MURAI WALD BIONDO & MORENO, P.A.  
900 INGRAHAM BLDG.  
25 SE 2ND AVE.  
MIAMI, FL 33131 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, ANTONIO C  
Address: 1320 S. DIXIE HWY., STE. 214  
City-St-Zip: CORAL GABLES, FL 331462951 US

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

MGR

04/30/2007

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