


**2007 LIMITED PARTNERSHIP ANNUAL REPORT (AR)
DUE BY MAY 1, 2007**

DOCUMENT # A99000001059		
1. Entity Name FRANDOR, LTD.		

FILED

2007 APR 25 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 13662 DEERING BAY DRIVE CORAL GABLES FL 33158	Mailing Address 13662 DEERING BAY DRIVE CORAL GABLES FL 33158
---	---

2. Principal Place of Business - No P.O. Box # 14023 SW 67th Place		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami FL		City & State	
Zip 33158	Country USA	Zip	Country

1st MOORE CR2E003 (10/06)

4. FEI Number 65-0907194	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CRIPPEN, FRANK 13662 DEERING BAY DRIVE CORAL GABLES FL 33158	
---	--

7. Name and Address of New Registered Agent	
Name Deborah Caruso	
Street Address (P.O. box number is Not Acceptable) 14023 SW 67th Place	
City Miami	FL 33158

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 <i>Deborah Caruso</i>	DATE April 9, 2007

FILE NOW!!! Fee is \$500. * After May 1, 2007, fee will be \$900. *** Make check payable to Florida Department of State.**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P99000022851 FRANDOR, INC. 13662 DEERING BAY DRIVE CORAL GABLES FL 33158	STREET ADDRESS CITY-ST-ZIP	14023 SW 67th Place miami FL 33158
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	400101221884 05/02/07--01045--001 **\$500.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing 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 if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: <i>Deborah Caruso / Deborah Caruso</i>	4-9-07	305-496-1815
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		