2008 LIMITED PARTNERSHIP ANNUAL REPORT (AR) **DUE BY MAY 1, 2008**

Zip

DOCUMENT # A99000001059

Country

accept the obligations of registered agent.

SIGNATURE

1. Entity Name

FILED Apr 21, 2008 08:00 AN Secretary of State

65-0907194

5. Certificate of Status Desired

Applied For

\$8.75 Additional

Not Applicable

FRANDOR, LTD.			Secretary
Principal Place of Business	Mailing Address		
14023 SW 67TH PLACE MIAMI FL 33158	14023 SW 67TH PLACE MIAMI FL 33158		
2. Principal Place of Business - No P.O. Box #	3. Mailing Address	 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1st MOORE	CR2E003 (10/07)
City & State	City & State	 A EEI Number	

Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CARUSO, DEBORAH Street Address (P.O. Box Number is Not Acceptable) 14023 SW 67TH PLACE **MIAMI FL 33158** Zip Code City 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

Country

Signature, ryped or printed name of registered agent and tribil applicable FILE NOW!!! Fee is \$500. *** After May 1, 2008, 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 #	P99000022851 FRANDOR, INC.	STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	NODRESS 14023 SW 67TH PLACE	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	000000913732 05/08/08-80027-022 500.00
STREET ADDRESS City-St-Zip		CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP	1	CITY-ST-ZIP	
DOCUMENT # NAME		STREET ADDRESS	
SFREET ADDRESS CITY-ST-ZIP		CITY-S1-ZIP	
DOCUMENT #		STREET ADDRESS	
STREET ADORESS City-51-71P	,	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
STREET ADDRESS CITY-ST-ZIP		CITY-ST-ZIP	

SIGNATURE: Debrie Comod

4-17-08

305-233-2699

^{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