


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**May 05, 2006 8:00 am**  
**Secretary of State**

05-05-2006 90031 029 \*\*\*\*50.00

DOCUMENT # L01000002830	
1. Entity Name FRANKEL ENTERPRISES, L.C.	

Principal Place of Business 200 ADMIRALS COVE BLVD. SUITE 417 JUPITER FL 33477	Mailing Address 200 ADMIRALS COVE BLVD. SUITE 417 JUPITER FL 33477
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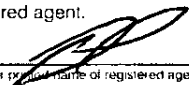
2. Principal Place of Business 3801 PGA BLVD. Suite, Apt. #, etc. SUITE 107 City & State PALM BEACH GARDENS, FL	3. Mailing Address 3801 PGA BLVD. Suite, Apt. #, etc. SUITE 107 City & State PALM BEACH GARDENS, FL
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1st MOORE CR2E083 (10/05)

4. FEI Number 65-1036578	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent LEFKOWITZ HYMAN, SHERRY ESQ. 200 ADMIRALS COVE BLVD. SUITE 417 JUPITER FL 33477		7. Name and Address of New Registered Agent Name (SAME) Street Address (P.O. Box Number is Not Acceptable) 3801 PGA BLVD. SUITE 107 City PALM BEACH GARDENS FL Zip Code 33410	
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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  DATE 2-2-06

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2006**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE MGR NAME FRANKEL, BENJAMIN STREET ADDRESS 200 ADMIRALS COVE BLVD STE 417 CITY-ST-ZIP JUPITER FL 33477	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 3801 PGA BLVD. - SUITE 107 STREET ADDRESS PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP	
TITLE MGR NAME FRANKEL, THOMAS STREET ADDRESS 200 ADMIRALS COVE BLVD STE 417 CITY-ST-ZIP JUPITER FL 33477	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME 380 PGA BLVD. - SUITE 107 STREET ADDRESS PALM BEACH GARDENS, FL 33410 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY-ST-ZIP	

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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 2-2-06 DAYTIME PHONE # 561-744-1033

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