


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 01, 2007 08:00 A
Secretary of State

DOCUMENT # L01000002830 1. Entity Name FRANKEL ENTERPRISES, L.C.	
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Principal Place of Business 3801 PGA BLVD SUITE 107 PALM BEACH GARDENS FL 33410	Mailing Address 3801 PGA BLVD SUITE 107 PALM BEACH GARDENS FL 33410
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E083 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 65-1036578	<input type="checkbox"/> 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. 3801 PGA BLVD SUITE 107 PALM BEACH GARDENS FL 33410

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1 2007

9. MANAGING MEMBERS / MANAGERS													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table style="width: 100%;"> <tr> <td style="width: 80%;"> MGR FRANKEL, BENJAMIN 3801 PGA BLVD STE 107 PALM BEACH GARDENS FL 33410 </td> <td style="text-align: right; vertical-align: top;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> MGR FRANKEL, THOMAS 3801 PGA BLVD STE 107 PALM BEACH GARDENS FL 33410 </td> <td style="text-align: right; vertical-align: top;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> </td> <td style="text-align: right; vertical-align: top;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> </td> <td style="text-align: right; vertical-align: top;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> </td> <td style="text-align: right; vertical-align: top;"> <input type="checkbox"/> Delete </td> </tr> <tr> <td> </td> <td style="text-align: right; vertical-align: top;"> <input type="checkbox"/> Delete </td> </tr> </table>	MGR FRANKEL, BENJAMIN 3801 PGA BLVD STE 107 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete	MGR FRANKEL, THOMAS 3801 PGA BLVD STE 107 PALM BEACH GARDENS FL 33410	<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete		<input type="checkbox"/> Delete
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10. ADDITIONS / CHANGES													
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<table style="width: 100%;"> <tr> <td style="width: 80%;"> U00000652596 03/12/07-80024-017 50.00 </td> <td style="text-align: right; vertical-align: top;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> </td> <td style="text-align: right; vertical-align: top;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> </td> <td style="text-align: right; vertical-align: top;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> </td> <td style="text-align: right; vertical-align: top;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> </td> <td style="text-align: right; vertical-align: top;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td> </td> <td style="text-align: right; vertical-align: top;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>	U00000652596 03/12/07-80024-017 50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 60B, Florida Statutes.

SIGNATURE:  *Thomas Frankel 1-31-07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #