

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000005287

Entity Name: FRE-FUND TWO, LLC.

FILED
Apr 29, 2006
Secretary of State

Current Principal Place of Business:

1001 N FEDERAL HWY
313
HALLANDALE, FL 33009

Current Mailing Address:

1001 N FEDERAL HWY
314
HALLANDALE, FL 33009

New Principal Place of Business:

1001 N FEDERAL HWY
249
HALLANDALE, FL 33009

New Mailing Address:

1001 N FEDERAL HWY
249
HALLANDALE, FL 33009

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FRE-FUND, LLC
1001 N FEDERAL HWY
314
HALLANDALE, FL 33009 US

Name and Address of New Registered Agent:

FRE-FUND, LLC
1001 N FEDERAL HWY
249
HALLANDALE, FL 33009 US

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: JUANFRANCOP

04/29/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FRE-FRUND, LLC,
Address: 1001 N FEDERAL HWY
City-St-Zip: HALLANDALE, FL 30009

Title: MGRM () Delete
Name: FRANCO, JOSE J
Address: 9 DE OCTUBRE 416 Y CHILE, PISO 10
City-St-Zip: GUAYAQUIL, EC 00000

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRE-FRUND, LLC,
Address: 1001 N FEDERAL HWY # 249
City-St-Zip: HALLANDALE, FL 30009

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

I hereby certify that the information supplied with this filing does not qualify for the 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: JUANFRANCOP

MGRM

04/29/2006

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