

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012026

Entity Name: FRANK ROGERS, LLC

FILED  
Feb 08, 2006  
Secretary of State

**Current Principal Place of Business:**

410 NORTH FEDERAL HIGHWAY #521  
DEERFIELD BEACH, FL 33441

**New Principal Place of Business:**

110 VIA MARIPOSA  
PALM BEACH GARDENS, FL 33418

**Current Mailing Address:**

% FRANK ROGERS LLC  
1 DONALD DRIVE  
WESTPORT, CT 06880

**New Mailing Address:**

% FRANK ROGERS LLC  
110 VIA MARIPOSA  
PALM BEACH GARDENS, FL 33418

FEI Number: 65-1130001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ROGEWITZ, FRANK  
410 NORTH FEDERAL HIGHWAY #521  
DEERFIELD BEACH, FL 33441 US

**Name and Address of New Registered Agent:**

ROGEWITZ, FRANK  
110 VIA MARIPOSA  
PALM BEACH GARDENS, FL 33418 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: FRANK ROGEWITZ

02/08/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROGEWITZ, FRANK  
Address: 410 NORTH FEDERAL HIGHWAY #521  
City-St-Zip: DEERFIELD BEACH, FL 33441

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ROGEWITZ, FRANK  
Address: 110 VIA MARIPOSA  
City-St-Zip: PALM BEACH GARDENS, FL 33418

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: FRANK ROGEWITZ

MGR

02/08/2006

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