


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

DOCUMENT # L02000011369 1. Entity Name FREIDA COVER, LLC	
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Principal Place of Business C/O STEVEN A. SCIARRETTA, P.A. 2300 GLADES RD., STE. 302-EAST BOCA RATON, FL 33431	Mailing Address C/O STEVEN A. SCIARRETTA, P.A. 2300 GLADES RD., STE. 302-EAST BOCA RATON, FL 33431
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DO NOT WRITE IN THIS SPACE

[Handwritten Signature]
FILED
05 MAY -2 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272005 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3656627	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCIARRETTA, STEVEN A ESQUIRE
2300 GLADES ROAD, SUITE 302-EAST
BOCA RATON, FL 33431

**DO NOT WRITE
IN THIS SPACE**

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.

[Handwritten Signature: Steven Sciarretta] *[Handwritten Date: 4-29-05]*

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

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCIARRETTA, STEVEN A ESQ. 2300 GLADES RD. STE 302-EAST BOCA RATON, FL 33431
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

[Handwritten Signature: Steven Sciarretta] *[Handwritten Date: 4-29-05]*

SIGNATURE: _____ DATE: _____ DAYTIME PHONE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE