2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2008
Secretary of State

DOCUMENT# L02000018033

Entity Name: FRAGA ACQUISITION III, LLC

Current Principal Place of Business:

1320 S. DIXIE HWY
214
CORAL GABLES, FL 331462951 US

New Principal Place of Business:

Current Mailing Address:

1320 S. DIXIE HWY
214
CORAL GABLES, FL 331462951 US

New Mailing Address:

FEI Number: 22-3872057 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MURAI WALD BIONDO & MORENO, P.A.
900 INGRAHAM BLDG.
25 S.E. 2ND AVE.
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

MURAI WALD BIONDO & MORENO, P.A.
2 ALHAMBRA PLAZA
PENTHOUSE #1B
CORAL GABLES, FL 33134 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: _____ 04/21/2008

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: FRAGA, ANTONIO C
Address: 1320 S. DIXIE HWY., STE 214
City-St-Zip: CORAL GABLES, FL 331462951 US

Title: MGRM ( ) Delete
Name: FRAGA, ALBERT J
Address: 1320 S. DIXIE HWY., STE. 214
City-St-Zip: CORAL GABLES, FL 331462951 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: FRAGA, ANTONIO C
Address: 1320 S. DIXIE HWY., STE 214
City-St-Zip: CORAL GABLES, FL 331462951 US

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

I hereby certify that the information supplied with this filing does not qualify 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: ALBERT J. FRAGA MGRM 04/21/2008

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