

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000026775

FILED
Apr 30, 2009
Secretary of State

Entity Name: FRAXTOM INVESTMENTS, L.L.C.

Current Principal Place of Business:

18850 NE 29TH AVENUE
SUITE# 403
AVENTURA, FL 33180 US

New Principal Place of Business:

410 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH, FL 33160 US

Current Mailing Address:

410 POINCIANA ISLAND DR.
SUNNY ISLES BEACH, FL 33160 US

New Mailing Address:

410 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH, FL 33160 US

FEI Number: 32-0036964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROUSSO, MARK E ESQ.
ROTH, ROUSSO & DARRACH, P.A.
18850 NE 29TH AVENUE SUITE# 900
AVENTURA, FL 33180 US

Name and Address of New Registered Agent:

GALLO, MARIANO
410 POINCIANA ISLAND DRIVE
SUNNY ISLES BEACH, FL 33160 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: MG

04/30/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LAGRU, RUBEN
Address: 410 POINCIANA ISLAND DR.
City-St-Zip: SUNNY ISLES BEACH, FL 33160 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: GALLO, MARIANO
Address: 410 POINCIANA ISLAND DRIVE
City-St-Zip: SUNNY ISLES BEACH, FL 33160

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: MG

MGR

04/30/2009

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