

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000040837

Entity Name: FRADLE PROPERTIES, LLC

FILED  
Apr 29, 2011  
Secretary of State

## Current Principal Place of Business:

29653 QUAIL RUN DR  
AGOURA HILLS, CA 91301

## New Principal Place of Business:

1820 WARM SPRINGS RD  
SUITE 100  
LAS VEGAS, NV 89119

## Current Mailing Address:

29653 QUAIL RUN DR  
AGOURA HILLS, CA 91301

## New Mailing Address:

1820 WARM SPRINGS RD  
SUITE 100  
LAS VEGAS, NV 89119

FEI Number: 20-0324428

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BURSTEIN, AVI  
3209 EARL DR  
TALLAHASSEE, FL 32309 US

## Name and Address of New Registered Agent:

BURSTEIN, AVI  
3209 EARL DR  
SUITE 100  
TALLAHASSEE, FL 32309 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: AVI BURSTEIN

04/29/2011

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: JERASSY-ETZION, SHOSHANIT  
Address: 1820 WARM SPRINGS RD  
City-St-Zip: LAS VEGAS, NV 89119 US

Title: MRGM  
Name: BARGEV, JOYCE  
Address: 1820 WARM SPRINGS RD  
City-St-Zip: LAS VEGAS, NV 89119 US

Title: MGRM  
Name: BARGEV, MENACHEM  
Address: 1820 WARM SPRINGS RD  
City-St-Zip: LAS VEGAS, NV 89119 US

Title: MGRM  
Name: BARGEV, OFER  
Address: 1820 WARM SPRINGS RD  
City-St-Zip: LAS VEGAS, NV 89119 US

Title: MGRM  
Name: MICHAELI, AINAV  
Address: 1820 WARM SPRINGS RD  
City-St-Zip: LAS VEGAS, NV 89119 US

I hereby 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: SHOSHANIT ETZION

MGRM

04/29/2011

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