

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000009511

Entity Name: FRAM FED ELEVEN, LLC

FILED
Mar 04, 2009
Secretary of State

Current Principal Place of Business:

1500 N FEDERAL HWY #200
FORT LAUDERDALE, FL 33304

New Principal Place of Business:

Current Mailing Address:

1500 N FEDERAL HWY #200
FORT LAUDERDALE, FL 33304

New Mailing Address:

FEI Number: 59-3781125

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MASTRIANA, F. RONALD
1500 N FEDERAL HWY #200
FORT LAUDERDALE, FL 33304 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MASTRIANA, F. RONALD
Address: 1500 N FEDERAL HWY #200
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGRM () Delete
Name: MASTRIANA, ALEXANDRA
Address: 1500 NORTH FEDERAL HIGHWAY #200
City-St-Zip: FORT LAUDERDALE, FL 33304

Title: MGRM () Delete
Name: O'MALLEY, DANIEL
Address: 1500 NORTH FEDERAL HIGHWAY #200
City-St-Zip: FORT LAUDERDALE, FL 33304

ADDITIONS/CHANGES:

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

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

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: F. RONALD MASTRIANA

MGRM

03/04/2009

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