



2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000068901 1. Entity Name FRE-FUND THIRTY ONE, LLC					
Principal Place of Business 2600 DOUGLAS ROAD, 1004 CORAL GABLES, FL 33134 US			Mailing Address 2600 DOUGLAS ROAD, 1004 CORAL GABLES, FL 33134 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable			
5. Name and Address of Current Registered Agent FRANCO, JUAN F 1537 NE 194 STREET MIAMI, FL FL				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by September 7, 2005		Make check payable to Florida Department of State		DATE	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PACIFIC CABLE TELEVISION, INC 2600 DOUGLAS ROAD, SUITE 1004 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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 606, Florida Statutes.			900059903709 09/23/05--01057--016 ***50.00		
SIGNATURE: 					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
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