

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

<b>DOCUMENT # L05000008260</b>		
1. Entity Name <b>FRAGA KENDALL APARTMENT LLC</b>		
Principal Place of Business <b>2665 S BAYSHORE DR SUITE 302 COCONUT GROVE, FL 33133</b>		Mailing Address <b>2665 S BAYSHORE DR SUITE 302 COCONUT GROVE, FL 33133</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
		 01072008No Chg-LLC CR2E083 (12/07)
4. FEI Number <b>26-0110425</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required
6. Name and Address of Current Registered Agent  <b>MURAI WALD BIONDO MORENO &amp; BROCHIN, P.A. 2 ALHAMBRA PLAZA PENTHOUSE 1B CORAL GABLES, FL 33134</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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) DATE</small>		
<b>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGRM FRAGA, ANTONIO O SR. 2665 S BAYSHOARE DRIVE SUITE 302 COCONUT GROVE, FL 33133</b>	
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<b>DO NOT WRITE IN THIS SPACE</b>		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 608, Florida Statutes.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>		