

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Mar 13, 2006  
Secretary of State**

DOCUMENT# L05000045250

Entity Name: FRAGADOR LLC

**Current Principal Place of Business:**

1320 SOUTH DIXIE HIGHWAY  
SUITE 214  
CORAL GABLES, FL 33146

**New Principal Place of Business:**

**Current Mailing Address:**

1320 SOUTH DIXIE HIGHWAY  
SUITE 214  
CORAL GABLES, FL 33146

**New Mailing Address:**

FEI Number: 20-2818546      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MURAI WALD BIONDO MORENO & BROCHIN, P.A.  
TWO ALHAMBRA PLAZA  
PENTHOUSE 1B  
CORAL GABLES, FL 33134 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

**ADDITIONS/CHANGES:**

Title: MGR ( ) Change (X) Addition  
Name: FRAGA, ALBERT J  
Address: 1320 S DIXIE HWY., STE 214  
City-St-Zip: CORAL GABLES, FL 331462951 US

Title: MGR ( ) Change (X) Addition  
Name: FRAGA, ANTONIO C  
Address: 1320 S DIXIE HWY STE 214  
City-St-Zip: CORAL GABLES, FL 331462951 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ANTONIO C. FRAGA

MGR

03/13/2006

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