

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086028

FILED
Apr 04, 2006
Secretary of State

Entity Name: FRAIFELD ENTERPRISES, LLC

Current Principal Place of Business:

9121 SHALAMAR COURT
JACKSONVILLE, FL 32257

New Principal Place of Business:

8229 HEDGEWOOD DR
JACKSONVILLE, FL 32216

Current Mailing Address:

9121 SHALAMAR COURT
JACKSONVILLE, FL 32257

New Mailing Address:

8229 HEDGEWOOD DR
JACKSONVILLE, FL 32216

FEI Number: 16-1730776

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZARAKHOVICH, MARIYA Y ESQ.
6299-7 POWERS AVENUE
JACKSONVILLE, FL 32217 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: FRAIFELD, JURIJ
Address: 9121 SHALAMAR COURT
City-St-Zip: JACKSONVILLE, FL 32257

Title: MGRM () Delete
Name: FRAIFELD, LARYSA
Address: 9121 SHALAMAR COURT
City-St-Zip: JACKSONVILLE, FL 32217

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FRAIFELD, JURIJ
Address: 8229 HEDGEWOOD DR
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGRM (X) Change () Addition
Name: FRAIFELD, LARYSA
Address: 8229 HEDGEWOOD DR
City-St-Zip: JACKSONVILLE, FL 32216

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: JURIJ FRAIFELD

MGRM

04/04/2006

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