

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L98000001736

FILED
Jan 10, 2006
Secretary of State

Entity Name: FRANK, WEINBERG & BLACK, L.L.C.

Current Principal Place of Business:

7805 S.W. 6TH COURT
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

7805 S.W. 6TH COURT
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 65-0862854

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEINBERG, STEVEN A ESQ.
7805 S.W. 6TH COURT
PLANTATION, FL 33324 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: FRANK, NEIL G
Address: 7805 S.W. 6TH COURT
City-St-Zip: PLANTATION, FL 33324

Title: MGRM () Delete
Name: BLACK, DAVID W
Address: 7805 S.W. 6TH COURT
City-St-Zip: PLANTATION, FL 33324

Title: MGRM () Delete
Name: WEINBERG, STEVEN A
Address: 7805 S.W. 6TH COURT
City-St-Zip: PLANTATION, FL 33324

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 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: STEVEN A. WEINBERG

MGRM

01/10/2006

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