

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

DOCUMENT # M03000001100

1. Entity Name  
FRAYDUN ENTERPRISES LLC



Principal Place of Business  
18 E 50TH ST  
NEW YORK, NY 10022

Mailing Address  
18 E 50TH ST  
NEW YORK, NY 10022

**FILED**  
**Jul 22, 2008 08:00 AM**  
**Secretary of State**



07082008No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 13-4035537	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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**6. Name and Address of Current Registered Agent**

MANSOURI, SAFA  
2804 ST JOHNS BLUFF RD S STE 200  
JACKSONVILLE, FL 32246

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$538.75**  
**Due by September 12, 2008**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	C PAN AM EQUITIES, INC 18 E 50TH ST NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOLOMON, SCOTT 18 E 50TH ST NEW YORK, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST KATZ, JEROME H 18 E 50TH ST NEW YORK, NY 10022
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U000000355787  
07/22/08-80005-014 538.75

**DO NOT WRITE  
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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: Jerome H. Katz CFO  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

7/15/08  
Date Daytime Phone #