2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Jan 22, 2007 8:00 am Secretary of State

	ANNUAL	REPURI			13	CCICU	ary	or St	aic	
DOCUMENT # M0500001844 1. Entity Name FRASCA & ASSOCIATES LLC					(01-22-2007	7 901 49 0	08 ****5	0.00	
				TEST!		~~				
Principal Place of Business 45-ROCKEFELLER PLAZA, SUITE 2000 NEW YORK, NY 10111-0100 Mailing Address 45-ROCKEFELLER PLAZA, SUITE 2000 NEW YORK, NY 10111-010										
	lace of Business - No P.O. Box #	3. Mailing Address 521 MADISOA	. AVE.							
Suite, Apt. #, etc.		Suite, Apt. #, etc. 7 # FLOOR		01	1182007	Chg-LLC	CR2E0	83 (12/06)		
City & State NEW YORK, NY		City & State NEW YORK, NY		4.	FEI Number	83		_ 	ptied For	
Zip 1002	2 Country USA	Zip 10022	Country	5.	Certificate of S			\$5.00 Add	litional	
<u> </u>	6. Name and Address of Current	! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !		7.	Name and Ad	dress of New I			-	
GORT WI	EREDO		Name					,		
GORT, WIFREDO 600 BRICKELL AVE., SUITE 301M MIAMI, FL 33131			Street A	Street Address (P.O. Box Number is Not Acceptable)						
									<u></u>	
			City				FL	Zip Code		
	named entity submits this statement for ions of registered agent.	r the purpose of changing its r	egistered office or	registered aç	gent, or both, ir	n the State of F	lorida. I am i	familiar with,	and accept	
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signati	re required when i	reinstating)		DATE			
Fi	Signature, typed or printed name of registered agent a illing Fee is \$50.00 ue by May 1, 2007	and title if applicable. (NOTE:	Registered Agent signal	ure required when r	reinstating)		ke check p	ayable to ent of State	•	
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Fi D	lling Fee is \$50.00 ue by May 1, 2007 MANAGING MEMBE			-		ADDITIONS	ke check p la Departm	ent of State	B ☐ Addition	
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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: KENNETH J- W54 II