


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

01-22-2007 90149 008 \*\*\*\*50.00

<b>DOCUMENT # M05000001844</b> 1. Entity Name <b>FRASCA &amp; ASSOCIATES LLC</b>					
Principal Place of Business <b>45 ROCKEFELLER PLAZA, SUITE 2000</b> <b>NEW YORK, NY 10111-0100</b>				Mailing Address <b>45 ROCKEFELLER PLAZA, SUITE 2000</b> <b>NEW YORK, NY 10111-0100</b>	
2. Principal Place of Business - No P.O. Box # <b>521 MADISON AVE.</b>		3. Mailing Address <b>521 MADISON AVE.</b>			
Suite, Apt. #, etc. <b>7<sup>th</sup> FLOOR</b>		Suite, Apt. #, etc. <b>7<sup>th</sup> FLOOR</b>			
City & State <b>NEW YORK, NY</b>		City & State <b>NEW YORK, NY</b>			
Zip <b>10022</b>	Country <b>USA</b>	Zip <b>10022</b>	Country <b>USA</b>		
4. FEI Number <b>13-3968183</b>				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$5.00</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>GORT, WIFREDO</b> <b>600 BRICKELL AVE., SUITE 301M</b> <b>MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> Zip Code</div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00</b> <b>Due by May 1, 2007</b>		<b>Make check payable to</b> <b>Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRASCA, DOREEN 45 ROCKEFELLER PLAZA, SUITE 2000 NEW YORK, NY 10111-0100 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	521 MADISON AVE: 7 <sup>th</sup> FLOOR NEW YORK, NY 10022 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CUSHINE, KEN 45 ROCKEFELLER PLAZA, SUITE 2000 NEW YORK, NY 10111-0100 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	521 MADISON AVE. 7 <sup>th</sup> FLOOR NEW YORK, NY 10022 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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: <u><i>Kenneth J. Cushine</i></u>			Date: <u>1/18/07</u> Daytime Phone #: <u>212 355-4050</u>		