
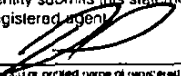
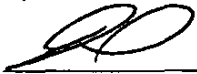


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 13, 2006 8:00 am
Secretary of State

02-16-2006 90144 020 ****50.00

DOCUMENT # M05000003002			
1. Entity Name FRANKEL ACC, LLC			
Principal Place of Business 200 ADMIRALS COVE BOULEVARD, SUITE 41 JUPITER FL 33477		Mailing Address 200 ADMIRALS COVE BOULEVARD, SUITE 41 JUPITER FL 33477	
2. Principal Place of Business 3801 PEA BLVD. Suite, Apt. #, etc. SUITE 107 City & State PALM BEACH GARDENS FL		3. Mailing Address 3801 PEA BLVD. Suite, Apt. #, etc. SUITE 107 City & State PALM BEACH GARDENS FL	
Zip 33410	Country USA	Zip 33410	Country USA
4. FEI Number AP-PLIED FOR		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/05) 20-2961045	
6. Name and Address of Current Registered Agent FRANKEL, THOMAS 200 ADMIRALS COVE BOULEVARD, SUITE 417 JUPITER FL 33477		7. Name and Address of New Registered Agent Name THOMAS FRANKEL Street Address (P.O. Box Number is Not Acceptable) 3801 PEA BLVD. SUITE 107 City PALM BEACH GARDENS, FL Zip Code 33410	
B. 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 		DATE	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when necessary)	
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State. Due By May 1, 2006	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR FRANKEL, THOMAS 200 ADMIRALS COVE BOULEVARD, SUITE 417 JUPITER FL 33477 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3801 PEA BLVD. - SUITE 107 PALM BEACH GARDENS, FL 33410
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: 		Date 2-2-06 561-744-1033	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #	



ATTACHMENT
36002292

FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 20, 2006

FRANKEL ACC, LLC
3801 PGA BLVD
SUITE 107
PALM BEACH GARDENS, FL 33410

Attached

Subject: FRANKEL ACC, LLC

Reference Number: **M05000003002**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$50.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Because our records reflect the above referenced entity previously applied for its Federal Employer Identification (FEI) Number, it must now include its FEI number on the annual report/uniform business report or attach a photocopy of the FEI number application to the document before we can complete your filing.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

/JE
ANNUAL REPORTS SECTION