

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000004389

Entity Name: FRI REALTY, LLC

FILED
Apr 27, 2007
Secretary of State

Current Principal Place of Business:

2090 PALM BEACH LAKES BLVD., SUITE 700
WEST PALM BEACH, FL 33409

New Principal Place of Business:

2090 PALM BEACH LAKES BLVD.
SUITE 700
WEST PALM BEACH, FL 33409

Current Mailing Address:

2090 PALM BEACH LAKES BLVD., SUITE 700
WEST PALM BEACH, FL 33409

New Mailing Address:

2090 PALM BEACH LAKES BLVD.
SUITE 700
WEST PALM BEACH, FL 33409

FEI Number: 62-1766383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WHITE, WILTON L ESQ.
625 NORTH FLAGLER DRIVE, 9TH FLOOR
WEST PALM BEACH, FL 33401 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: MGR () Delete
Name: MCCLOSKEY, MICHAEL P
Address: 2090 PALM BEACH LAKES BLVD., SUITE 700
City-St-Zip: WEST PALM BEACH, FL 33409

Title: MGR () Delete
Name: CAMERON-HAYES, JONATHAN
Address: 2090 PALM BEACH LAKES BLVD., SUITE 700
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES:

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 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: JONATHAN CAMERON-HAYES

MGR

04/27/2007

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