FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

APPROVED

•	1997		True!		OF CORP	ORATIONS		1997 HAR	-3 M	3: 54	
FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee \$ 203.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE								SECRETARY OF STATE TALLAHASSEE.FLORIDA			
Name and Mailing Address of Limited Liability Company DOCUMENT #200644								TOWER, TOWERY			
THE FRABER COMPANY, L.C. 2601 SOUTH BAYSHORE DR. SUITE 1102 MIAMI FL 33133							1a. Principal Place of Business Address 2601 SOUTH BAYSHORE DR. SUITE 1102 MIAMI FL 33133				
If above mailing address is incorrect in any way, line through Inc 2. Principal Place of Business 2a.				incorrect Information and enter correction in Block 2a. a. Mailing Address				3. Date Organized or Qualified 3a. State of Formation			
Suite, Apt. #, etc.			Suite, Apt. #, etc.				09/01/1992 FL 4. FEI Number Applied For				
City & State			City & State					55-0360986 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired			
Zip		Country	Zip		Countr	у	5. Date of Li	,		ate of Status Desired	
7. Name and Address of Current Reg			Registered .	Agent				8. Name and Address of New Registered Agent			
9. Pursua its register as register	1.102 FL 33 L	ons of Sections 608.416 a tered agent, or both, in the accept the obligations.	nd 608.508, State of Flor	Florida Stat ida. Such ch	utes, the ab ange was a	Sulfe, Apt. #,	etc.	ajority of the member	Zip Code ement for the s. I hereby a	e purpose of changing ccept the appointment	
SIGNATURE								ng) DATE			
10. Title	Managing Members/Managers			Business Street Address			988	City, State and Zip Code			
	FRANK, STEPHEN 2 BERGER, MATTHEW 1			601 S. BAYSHORE DR				#1102 MIAMI FL FORT LEE NJ			
							8	00002 -03/04 ****2	104 1 /970 03.75	04132 1036014 ****203.75	
11 Idobe	I	he information supplied wi	th this filing d	oes not quali	fy for the ex	emption stated	n Section 119.07(3) (i), Florida Statutes.	I further cert	tify that the Information	

indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PAULTED NAME OF SIGNING MANAGING MEMBER OF MANAGER

Daytime Phone #