


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90143 005 ****50.00

DOCUMENT # Z00644	
1. Entity Name THE FRABER COMPANY, L.C.	

Principal Place of Business 2601 SOUTH BAYSHORE DR. PENTHOUSE 1A MIAMI, FL 33133	Mailing Address 2601 SOUTH BAYSHORE DR. PENTHOUSE 1A MIAMI, FL 33133
---	---

2. Principal Place of Business - No P.O. Box # 780 LUGO AVE	3. Mailing Address 780 LUGO AVE
--	------------------------------------

Suite, Apt. #, etc.	Suite, Apt. #, etc.
---------------------	---------------------

City & State CORAL GABLES, FL	City & State CORAL GABLES, FL
----------------------------------	----------------------------------

Zip 33156	Country USA	Zip 33156	Country USA
--------------	----------------	--------------	----------------

60025546



03152007 Chg-LLC CR2E083 (12/06)

4. FEI Number 65-0360986	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
---	---

STEPHEN FRANK ASSOCIATES, INC. 2601 SOUTH BAYSHORE DR. PENTHOUSE 1A MIAMI, FL 33133	Name STEPHEN FRANK ASSOCIATES, INC. Street Address (P.O. Box Number is Not Acceptable) 780 LUGO AVE City CORAL GABLES FL Zip Code 33156
--	---

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 <u>Elisabeth Frank</u>	DATE <u>3/15/07</u>
----------------------------------	---------------------

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANK, STEPHEN 2601 S. BAYSHORE DR, PENTHOUSE 1A MIAMI, FL 33133 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FRANK, ELISABETH 780 LUGO AVE CORAL GABLES, FL 33156 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BERGER, MATTHEW 1500 PALISADES AVE. FORT LEE, NJ 07024 <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 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>Elisabeth Frank</u>	Date <u>3/15/07</u>	Daytime Phone # <u>305 812-2949</u>
-----------------------------------	---------------------	-------------------------------------