

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# Z00644

FILED  
Feb 15, 2009  
Secretary of State

Entity Name: THE FRABER COMPANY, L.C.

**Current Principal Place of Business:**

780 LUGO DR  
CORAL GABLES, FL 33156

**New Principal Place of Business:**

**Current Mailing Address:**

780 LUGO DR  
CORAL GABLES, FL 33156

**New Mailing Address:**

FEI Number: 65-0360986

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STEPHEN FRANK ASSOCIATES, INC.  
780 LUGO AVE  
CORAL GABLES, FL 33156 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: FRANK, ELISABETH  
Address: 780 LUGO AVE  
City-St-Zip: CORAL GABLES, FL 33156

Title: MGR ( ) Delete  
Name: BERGER, MATTHEW,  
Address: 1500 PALISADES AVE.  
City-St-Zip: FORT LEE, NJ 07024

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SEC ( ) Change (X) Addition  
Name: SABINA, HOLTZMAN A  
Address: 1 PILLSBURY PLACE DRIVE  
City-St-Zip: ST LOUIS, MO 63124

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: SABINA A HOLTZMAN

SEC

02/15/2009

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