2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State
04-20-2007 90028 007 ****50.00

DOCUMENT # L06000101639

1. Entity Name
THE FROST GROUP, LLC

Principal Place of Business
4400 BISCAYNE BOULEVARD, 15TH FLOOR
MIAMI, FL 33137

Mailing Address
4400 BISCAYNE BOULEVARD, 15TH FLOOR
MIAMI, FL 33137

2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip | Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

04032007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5811653 | Applied For | Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City | FL | Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT FROST, PHILLIP M.D. 4400 BISCAYNE BLVD MIAMI, FL 33137	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HSIAO, JANE 4400 BISCAYNE BLVD MIAMI, FL 33137	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TREASURER UPPALURI, SUBBARAO 4400 BISCAYNE BLVD MIAMI, FL 33137	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SECRETARY RUBIN, STEVEN 4400 BISCAYNE BLVD MIAMI, FL 33137	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Phillip Frost M.D. President 4/13/07 (305)575-6511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #