

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000101639

FILED
Apr 21, 2008
Secretary of State

Entity Name: THE FROST GROUP, LLC

Current Principal Place of Business:

4400 BISCAYNE BOULEVARD, 15TH FLOOR
MIAMI, FL 33137

New Principal Place of Business:

4400 BISCAYNE BOULEVARD
15TH FLOOR
MIAMI, FL 33137

Current Mailing Address:

4400 BISCAYNE BOULEVARD, 15TH FLOOR
MIAMI, FL 33137

New Mailing Address:

4400 BISCAYNE BOULEVARD
15TH FLOOR
MIAMI, FL 33137

FEI Number: 20-5811653

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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: P () Delete
Name: FROST, PHILLIP MD
Address: 4400 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: VP () Delete
Name: HSIAO, JANE
Address: 4400 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: VP () Delete
Name: UPPALURI, SUBBARAO
Address: 4400 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

Title: VPS () Delete
Name: RUBIN, STEVEN
Address: 4400 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33137

ADDITIONS/CHANGES:

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

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

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: PHILLIP FROST, MD

P

04/21/2008

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