## 2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

STAPLE CHECK HERE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

## SECRETARY OF STATE DIVISION OF CORPORATIONS DOCUMENT # A05000001012 FRONTIER JUPITER LLLP 06 MAR 17 AM 10: 22 Principal Place of Business Mailing Address 2627 NE 203RD STREET, SUITE 216 2627 NE 203RD STREET, SUITE 216 MIAMI, FL 33180 MIAMI, FL 33180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03022006 CR2E003 (11/05) Chg-LP Applied For City & State 4. FEI Number City & State 20-294 2061 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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 little if applicable. DATE FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION 13. ADDRESS CHANGES ONLY M05000002085 DOCUMENT A STREET ADDRESS NAME FRONTIER GP LLC STREET ADDRESS **2627 NE 203RD STREET, SUITE 216** CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33180 DOCUMENT # STREET ADDRESS NAME <del>500069070395</del> 03/30/06--01067--008 \*\*500.00 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STRUCT ADDRESS CITY-ST-7IP CITY-ST-ZIP 14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes