


**2007 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2007**

<b>DOCUMENT # A06000001023</b>	
<b>1. Entity Name</b> FRONTIER IDRIVE LLLP	

FILED  
 07 JUN 13 AM 9:42  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



<b>Principal Place of Business</b> 2627 NE 203RD STREET, STE. 216 MIAMI, FL 33180	<b>Mailing Address</b> 2627 NE 203RD STREET, STE. 216 MIAMI, FL 33180
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<b>2. Principal Place of Business - No P.O. Box #</b>	<b>3. Mailing Address</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

<b>City &amp; State</b>	<b>City &amp; State</b>
City	City
State	State
<b>Zip</b>	<b>Country</b>
Zip	Country

04272007 Chg-LP CR2E003 (12/06)

<b>4. FEI Number</b> 20-8039328	<b>Applied For</b> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
 Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
 City \_\_\_\_\_ State **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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2007, 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	
<b>DOCUMENT #</b>	M05000002085
<b>NAME</b>	FRONTIER GP, LLC
<b>STREET ADDRESS</b>	2627 NE 203RD STREET, STE. 216
<b>CITY - ST - ZIP</b>	MIAMI, FL 33180
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
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<b>CITY - ST - ZIP</b>	
<b>DOCUMENT #</b>	
<b>NAME</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

13. ADDRESS CHANGES ONLY	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	800104434168
<b>CITY - ST - ZIP</b>	06/15/07--01058--022 **500.00
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	
<b>STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	

STAPLE CHECK HERE

**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**

**SIGNATURE:** \_\_\_\_\_ **Date** 4/27/07 **Daytime Phone #** 305 642 0442