2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# L01000000449

Entity Name: FROG ENTERPRISE, L.C.

Current Principal Place of Business:

12741 WORLD PLAZA LANE, BUILDING 84
SUITE #3
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

5109 DEL PRADO BLVD.
CAPE CORAL, FL 33904

New Mailing Address:

FEI Number: 65-1067563 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BARTEL, VIOLA
5109 DEL PRADO BLVD.
CAPE CORAL, FL 33904 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/MEMBERS:

Title: MGRM ( ) Delete
Name: STARK, ANGELIKA
Address: VON-KETTELER-STR. 13
City-St-Zip: TAUFKIRCHEN/GERMANY, D 84416 D

Title: MGRM ( ) Delete
Name: GOETZ, RICHARD
Address: VON-KETTELER-STR. 13
City-St-Zip: TAUFKIRCHEN/GERMANY, D 84416 D

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: STARK, ANGELIKA
Address: VON-KETTELER-STR. 13
City-St-Zip: TAUFKIRCHEN/GERMANY, D 84416

Title: MGRM (X) Change ( ) Addition
Name: GOETZ, RICHARD
Address: VON-KETTELER-STR. 13
City-St-Zip: TAUFKIRCHEN/GERMANY, D 84416

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: RICHARD GOETZ / ANGELIKA STARK MGRM 04/22/2005

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