

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90237 019 ****50.00

DOCUMENT # LO1000014587 ✓
1. Entity Name
Frontline Enterprises, LLC

040001

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5422 NW 21st Ave
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 810723
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Boca Raton FL

City & State
Boca Raton FL

Zip
33496 Country
Palm Beach

Zip
33481 Country
Palm Beach

FEL Number
65-1139996

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Kenneth A. Behr

Street Address (P.O. Box Number is Not Acceptable)
5422 NW 21st Ave

City
Boca Raton FL 33496

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.

SIGNATURE Kenneth Behr DATE April 12 2002

Signature, typed or printed name of registered agent and title if applicable DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGRM
Kenneth Behr
5422 NW 21st Ave
Boca Raton FL 33496

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

MGR
Carol Behr
5422 NW 21st Ave
Boca Raton FL 33496

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify 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 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: Kenneth Behr DATE April 12 02 561 995-0017

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)