


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90153 032 ****50.00

| | | |
|---|--|---|
| DOCUMENT # L02000013596 | |  |
| 1. Entity Name FRONTIER CAPITAL, L.L.C. | | |

| | |
|---|---|
| Principal Place of Business 2806 WEST US HIGHWAY 90, SUITE 101 LAKE CITY FL 32055 | Mailing Address PO BOX 3566 LAKE CITY FL 32056-3566 |
|---|---|



| | | | |
|---|-------------------------|--|---------|
| 2. Principal Place of Business 426 SW COMMERCE DR | | 3. Mailing Address SAME AS ABOVE | |
| Suite, Apt. #, etc. SUITE 130 | | Suite, Apt. #, etc. | |
| City & State LAKE CITY | | City & State | |
| Zip FL | Country 32025 | Zip | Country |

1st MOORE CR2E083 (10/05)

| | | |
|---|--|--|
| 4. FEI Number 05-0524592 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent SPARKS, CHARLES S 2806 WEST US HIGHWAY 90, SUITE 101 LAKE CITY FL 32055 | | 7. Name and Address of New Registered Agent Name CHARLES S. SPARKS Street Address (P.O. Box Number is Not Acceptable) 426 SW COMMERCE DR SUITE 130 City LAKE CITY FL Zip Code 32025 |

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 *Charles S. Sparks* **CHARLES S. SPARKS** 1/16/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

| 9. MANAGING MEMBERS/MANAGERS | | 10. ADDITIONS/CHANGES | |
|--|---|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM SPARKS, CHARLES S 2806 WEST US HIGHWAY 90, SUITE 101 LAKE CITY FL 32055 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SPARKS, CHARLES S. 426 SW COMMERCE DR SUITE 130 LAKE CITY FL 32025 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM BRATKOVICH, ISAAC ROUTE 9, BOX 646 LAKE CITY FL 32024 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR BRATKOVICH ISAAC 1005 SW WALTER AVE LAKE CITY FL 32024 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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: *Charles S. Sparks* **CHARLES S. SPARKS** 1/16/06 286 755 0808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #