2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2004 8:00 am
Secretary of State
02-02-2004 90208 045 ****50.00

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1. Entity Name
FRONTIER DEVELOPMENT-ZEPHYRHILLS, LLC

24005056

Principal Place of Business	Mailing Address
10 SOUTH NEW RIVER DRIVE, STE. 104 FORT LAUDERDALE, FL 33301	10 SOUTH NEW RIVER DRIVE, STE. 104 FORT LAUDERDALE, FL 33301

01232004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
1550 SE 17th St.	1550 SE 17th St.
Suite, Apt. #, etc. Ste 5	Suite, Apt. #, etc. Ste 5.
City & State Fort Lauderdale, FL	City & State Fort Lauderdale, FL
Zip 33316 Country USA	Zip 33316 Country USA

4. FEI Number 30-0114364 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE, 7TH FL MIAMI, FL 33133	Name Street Address (P.O. Box Number is Not Acceptable) City 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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GORDON SOUTH, LLC 10 S. NEW RIVER DRIVE, SUITE 104 FORT LAUDERDALE, FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1550 SE 17th St. Ste 5 Fort Lauderdale, FL 33316	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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