

**2008 LIMITED LIABILITY COMPANY  
AMENDED ANNUAL REPORT**

FILED

08 DEC 16 AM 11:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L03000005550

1. Entity Name  
FRONTAGE HOSPITALITY LLC



Principal Place of Business  
301 S FRONTAGE ROAD  
PLANT CITY, FL 33563

Mailing Address  
301 S FRONTAGE ROAD  
PLANT CITY, FL 33563

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

12102008 Chg-LLC CR2E083 (12/06)

Zip

Country

Zip

Country

4. FEI Number  
68-0543936

\$5.00 Additional  
Fee Required

Applied For  
 Not Applicable

6. Name and Address of Current Registered Agent

KUMMETHA, VENKATA REDDY  
301 S. FRONTAGE ROAD  
PLANT CITY, FL 33563

7. Name and Address of New Registered Agent

Name  
Stephen C. L. Chong, Esq.

Street Address (P.O. Box Number is Not Acceptable)  
Arnold, Matheny & Eagan, P.A.

605 E. Robinson St., Ste. 730

City  
Orlando

FL Zip Code  
32801

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

12/12/08

Amended AR is \$50.00

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
KUMMETHA, VENKATA REDDY  
301 S FRONTAGE ROAD  
PLANT CITY, FL 33563

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGRM  
Rana Akhtar  
2216 27th Street  
Council Bluffs, Iowa 51501

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

MGR  
BOYAPALLI, VENKATA  
206 BON VIE PLACE  
VALRICO, FL 33594

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

200139070252  
12/16/08--01031--009 \*\*50.00

Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change  Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

Change  Addition

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Change  Addition

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 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 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 #

12-12-08 712-322-3150