


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State

01-13-2004 90040 014 ****50.00

DOCUMENT # L03000015280 1. Entity Name FRONTWATER PROPERTIES, L.L.C.			
Principal Place of Business 686 OLD DIXIE HWY VERO BEACH, FL 32962		Mailing Address 686 OLD DIXIE HWY VERO BEACH, FL 32962	
2. Principal Place of Business 2020 SE Old Dixie Hwy Suite, Apt. #, etc. Suite 7 City & State Vero Beach, FL Zip 32962 Country USA		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	
4. FEI Number 51-0464896		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		01082004 Chg-LLC CR2E083 (10/03)	
6. Name and Address of Current Registered Agent HAFNER, TROY B ESQ 979 BEACHLAND BLVD. VERO BEACH, FL 32963		7. Name and Address of New Registered Agent 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 _____ (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	TITLE	NAME
	MGRM		
	Stephen Smith		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	See new address above	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
	MGRM		
	Carl Lachnitt		
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	See new address above	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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: <u>Stephen T. Smith</u> Stephen T. Smith		1/8/04 772.562.3715	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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