2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000015280

1. Entity Name
FRONTWATER PROPERTIES, L.L.C.

Principal Place of Business	Mailing Address
2020 SE OLD DIXIE HWY SUITE 7 VERO BEACH, FL 32962	2020 SE OLD DIXIE HWY SUITE 7 VERO BEACH, FL 32962

DO NOT WRITE IN THIS SPACE

01042005 No Chg-LLC   CR2E083 (10/03)

4. FEI Number	Applied For
51-0464896	Not Applicable

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

6. Name and Address of Current Registered Agent

HAFNER, TROY B ESQ
979 BEACHLAND BLVD.
VERO BEACH, FL 32963

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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, 2005

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SMITH, STEPHEN
STREET ADDRESS	2020 SE OLD DIXIE HWY SUITE 7
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	MGRM
NAME	LACHNITT, CARL
STREET ADDRESS	2020 SE OLD DIXIE HWY SUITE 7
CITY-ST-ZIP	VERO BEACH, FL 32962
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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NAME	
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TITLE	
NAME	
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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: _Stephen T. Smith_ Managing Member   4/14/05   772.563.0307

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