2006 LIMITED LIABILITY COMPANY

ndicatéd on this report is true a limited liability company or the

SIGNATURE:

receiver ou

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING ME

Apr 03, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L03000015280 04-03-2006 90065 027 ****50.00 FRONTWATER PROPERTIES, L.L.C. Mailing Address Principal Place of Business 2020 SE OLD DIXIE HWY 2020 SE OLD DIXIE HWY SUITE 7 SUITE 7 VERO BEACH, FL 32962 VERO BEACH, FL 32962 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01062006 CR2E083 (11/05) Cha-LLC Applied For City & State 4. FEI Number City & State 51-0464896 Not Applicable Country \$5.00 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAFNER-TROY-B ESQ Street Address (P.O. Box Number is Not Acceptable) 979 BEACHLAND BLVD. VERO BEACH, FL 32963 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. (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SMITH, STEPHEN NAME 2020 SE OLD DIXIE HWY SUITE 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32962 CITY-ST-ZIP MGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition LACHNITT, CARL NAME NAME 2020 SE OLD DIXIE HWY SUITE 7 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32962 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

nd 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 eceiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

IBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

772 - 562*-*3715

FILED