2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000040898

Entity Name

FRONTIER TRAVEL PARK, L.L.C.



FILED Jan 11, 2008 08:00 AN Secretary of State

Principal Place of Business

918-A DREW STREET CLEARWATER, FL 33755 Mailing Address

918-A DREW STREET CLEARWATER, FL 33755



01082008 No Chg-LLC

CR2E083 (12/07)

	_ \$5.0	N Additional
30-0210887		Not Applicable
4, FEI Number		Applied For

5. Certificate of Status Desired

Fee Required

6. Name and Address of Current Registered Agent

BEVINS, RICHARD 785 TERRACE ROAD DUNEDIN, FL 34698

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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.	l am familiar with, and accept
	the obligations of registered agent.	

SIGNATUR

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

9,	9. MANAGING MEMBERS/MANAGERS		
TITLE	MGR		
NAME	BEVINS, RICHARD		
STREET ADDRESS	785 TERRACE ROAD		
CITY-ST-ZIP	DUNEDIN, FL 34698		
THLE	MGR		
NAME	INTER VIVOS PHYLLIS HUBER TRUST		
STREET ADDRESS	918-A DREW STREET		
CITY-ST-ZIP	CLEARWATER, FL 33755		
TITLE	MGR		
NAME	BALES, PHILLIP A		
STREET ADDRESS	1147 CHEROKEE ROAD		
CITY-ST-ZIP	TOWNVILLE, SC 29689		
TITLE	MGR		
NAME	BALES, BARBARA S		
STREET ADDRESS	1147 CHEROKEE ROAD		
CITY-ST-ZIP	TOWNVILLE, SC 29689		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP	a tree		
11 I hereby certify that the information supplied with this filling does not qualify for			

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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: LIGHAL DEVIA

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

108/08

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