


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jul 31, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L03000047664</b>		
1. Entity Name <b>FROST CONSTRUCTION LLC</b>		
Principal Place of Business <b>2310 EIFFEL DRIVE ORLANDO, FL 32808 US</b>		Mailing Address <b>2310 EIFFEL DRIVE ORLANDO, FL 32808 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent <b>FROST, JOE H 2310 EIFFEL DRIVE ORLANDO, FL 32808</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		
DATE _____		
<b>Filing Fee is \$50.00 Due by September 6, 2006</b>		
9. MANAGING MEMBERS/MANAGERS		
TITLE	MGRM	
NAME	FROST, JOE H	
STREET ADDRESS	2310 EIFFEL DR.	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	MGRM	
NAME	FROST, JOSHUA H	
STREET ADDRESS	2310 EIFFEL DR.	
CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: <i>Joe H. Frost</i> <b>JOE H. FROST</b> 7-27-06 321-257-9664		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		



07022006 No Chg-LLC CR2E083 (11/05)

4. FEI Number <b>37-1478424</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$5.00 Additional  
Fee Required**

000000572886  
08/01/06-80003-023 50.00

**DO NOT WRITE  
IN THIS SPACE**