
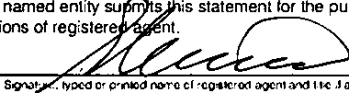
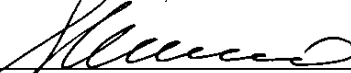


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90052 007 \*\*\*\*55.00

<b>DOCUMENT # L04000060890</b> 1. Entity Name FROSTPROOF LAKEFRONT RESORT, LLC					
Principal Place of Business 221 BIRD KEY DRIVE SARASOTA, FL 34236			Mailing Address 221 BIRD KEY DRIVE SARASOTA, FL 34236		
2. Principal Place of Business 4081 Escondito Circle Suite, Apt. #, etc.		3. Mailing Address 4081 Escondito Circle Suite, Apt. #, etc.			
City & State Sarasota, Fl.		City & State Sarasota, Fl.		4. FEI Number 20-1499590	
Zip 34238		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent  HENDRICKSON, ROBERT W III 1206 MANATEE AVENUE WEST BRADENTON, FL 34205			7. Name and Address of New Registered Agent Name Stanley A. Tsigounis Street Address (P.O. Box Number is Not Acceptable) 4081 Escondito Circle City Sarasota FL Zip Code 34238		
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  Stanley A. Tsigounis, Owner <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TSIGOUNIS, STAN 221 BIRD KEY DRIVE SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Tsigounis, Stan 4081 Escondito Circle Sarasota, Fl. 34238
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  Stanley A. Tsigounis <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					