

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007 8:00 am
Secretary of State

04-18-2007 90035 033 ****50.00

DOCUMENT # L04000078277 1. Entity Name FROSTCO, LLC					
Principal Place of Business 6610 HUNTINGTON CIRCLE NAPLES, FL 34119			Mailing Address 6610 HUNTINGTON CIRCLE NAPLES, FL 34119		
2. Principal Place of Business - No P.O. Box # 6610 Huntington Lakes Circle Suite, Apt. #, etc. #201		3. Mailing Address Suite, Apt. #, etc. (SAME)			
City & State Naples, FL		City & State (SAME)			
Zip 34119	Country COLLIER	Zip 34119	Country FL	4. FEI Number 20-1824801	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CLASP INC. 3001 TAMiami TRAIL NORTH, 4TH FLOOR NAPLES, FL 34103			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. SIGNATURE <u></u> DATE <u>4/16/07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FROST, JONATHAN 6610 HUNTINGTON CIRCLE NAPLES, FL 34119	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR FROST, MATTHEW A 6610 HUNTINGTON CIRCLE NAPLES, FL 34119	<input type="checkbox"/> Delete			
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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: <u></u> DATE <u>4/16/07</u> DAYTIME PHONE # <u>239-596-2501</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					

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