
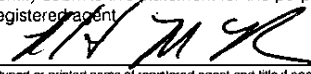
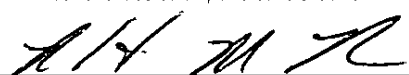


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90199 018 ****50.00

DOCUMENT # L04000082596					
1. Entity Name FRONTAGE REAL ESTATE INVESTMENTS, LLC					
Principal Place of Business 16007 N. FLORIDA AVENUE LUTZ, FL 33549			Mailing Address 16007 N. FLORIDA AVENUE LUTZ, FL 33549		
2. Principal Place of Business - No P.O. Box # 16009 N Florida Ave		3. Mailing Address 16009 N Florida Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lutz, FL		City & State Lutz, FL			
Zip 33549		Country		Zip 33549	
Country		Country			
6. Name and Address of Current Registered Agent HIGBEE, R. ALAN FOWLER WHITE BOGGS BANKER P.A. 501 E. KENNEDY BOULEVARD, SUITE 1700 TAMPA, FL 33602			7. Name and Address of New Registered Agent Name HIGBEE, R. ALAN Street Address (P.O. Box Number is Not Acceptable) SHUTTS & BOWEN, LLP 100 SOUTH ASHLEY DR. STE 1500 City TAMPA FL Zip Code 33602		
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 				DATE 2/1/2007	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
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 ROWE, ROBERT M 16007 N FLORIDA AVE LUTZ, FL 33549	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16009 N. Florida Ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PRAHL, JOHN D 16007 N FLORIDA AVE LUTZ, FL 33549	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	16009 N. Florida Ave <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: 			DATE 2/1/2007 (813) 963-6757		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

60015103



02012007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-1882214 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required