

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000083725

1. Entity Name
FRONTIER INVESTMENT PROPERTIES GROUP, LLC



Principal Place of Business
5941 SPANISH OAKS LANE
NAPLES, FL 34119

Mailing Address
5941 SPANISH OAKS LANE
NAPLES, FL 34119

FILED
Apr 20, 2006 08:00 AM
Secretary of State



03302006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-1900272

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

OATES, MARC F P.A.
C/O MARC F. OATES, ESQ.
10001 TAMiami TRAIL NORTH, SUITE 119
NAPLES, FL 34108

**DO NOT WRITE
IN THIS SPACE**

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 _____

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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GAUTA, JOSEPH
5941 SPANISH OAKS LANE
NAPLES, FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
GAUTA, SUSAN K
5941 SPANISH OAKS LN
NAPLES, FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000000520727
05/02/06-80104-023 50.00

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IN THIS SPACE**

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: _____

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

4/14/06 239-596-3900
Date Daytime Phone #