

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000031700

FILED
Apr 30, 2008
Secretary of State

Entity Name: FRONTIER LAND COMPANY HOLDINGS, LLC

Current Principal Place of Business:

2225 A1A SOUTH, SUITE C-8
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

395 OCEAN FOREST DR
ST. AUGUSTINE, FL 32080

Current Mailing Address:

P.O. BOX 840140
SAINT AUGUSTINE, FL 32080

New Mailing Address:

395 OCEAN FOREST DRIVE
SAINT AUGUSTINE, FL 32080

FEI Number: 76-0794253

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SYKES, W. STEVE
2225 A1A SOUTH, SUITE C-8
ST. AUGUSTINE, FL 32080 US

Name and Address of New Registered Agent:

COLE, III, SCOTT
395 OCEAN FOREST DR
ST. AUGUSTINE, FL 32080 US

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.

SIGNATURE: SCOTT COLE III

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COLE, SCOTT III
Address: 2225 A1A SOUTH, SUITE C-8
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: MGRM (X) Delete
Name: SYKES, W STEVE
Address: 2225 A1A SOUTH, C-8
City-St-Zip: ST AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COLE, SCOTT III
Address: 395 OCEAN FOREST DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT COLE III

MGRM

04/30/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date