


**FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
May 05, 2006 8:00 am
Secretary of State

05-05-2006 90033 014 ***150.00

DOCUMENT # L050000 73314	
1. Entity Name FRONTIER PARTNERS LLC	

DO NOT WRITE IN THIS SPACE

20044887

2. Principal Place of Business Suite, Apt. #, etc. 45 HILL PARK AVE City & State GREAT NECK, NY Zip 11021 Country USA		3. Mailing Address 90 S. LEVINE Suite, Apt. #, etc. 45 HILL PARK AVE. City & State GREAT NECK, NY Zip 11021 Country USA		4. FEI Number 20-3220924	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				CR2E034B (8/05)	

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
ARTHUR J. PERK, ATTORNEY AT LAW
Street Address (P.O. Box Number is Not Acceptable)
848 BRICKELL AVE. - STE 200
City
MIAMI FL Zip Code
33131

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Signature, typed or printed name of registered agent and title if applicable

January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended AR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING PARTNER SAMUEL J. LEVINE 45 HILL PARK AVE. GREAT NECK, NY 11021	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowerment.

SIGNATURE: _____ DATE: **4/10/06**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # _____