2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L05000080222

Entity Name

L & L FRONTIER HOLDINGS, LLC



FILED Feb 25, 2008 08:00 A Secretary of State

Principal Place of Business

Mailing Address

16405 WEST COLONIAL OAKLAND, FL 34787

P.O. BOX 120355 CLERMONT, FL 34712



01112008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 20-3308016

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

LANGLEY, RANDALL B 16405 WEST COLONIAL OAKLAND, FLORIDA, FL 34787

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.	t am familiar with, an	id 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

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 000000840332 03/06/08-80043-012 143.75

9.	MANAGING MEMBERS/MANAGERS
NAMÉ STREET ADDRESS CITY-ST-ZIP	MGRM LANGLEY, RANDALL B 16405 WEST COLONIAL DRIVE OAKLAND, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LITTIKEN, DAVID W 7100 SAMPEY ROAD GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-SI-ZIP	MGR LITTIKEN, STEPHEN J 7100 SAMPEY ROAD GROVELAND, FL 34736
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE 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 accurage 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 received of trusted 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

Date

Daytime Phone #