2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000085534

1. Entity Name 101 FRONTON, LLC



FILED Apr 23, 2007 08:00 A Secretary of State

Principal Place of Business

101 FRONTON BLVD DANIA BEACH, FL 33004 Mailing Address

101 FRONTON BLVD DANIA BEACH, FL 33004



04132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number				Applied For
20-3461540				Not Applicable
5. Certificate of Status Desired	П	\$5.0	0	Additional

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

LUPO, STEPHEN 101 FRONTON BLVD DANIA BEACH, FL 33004

DO N	OT	WR	ITE
IN TH	IIS S	SPA	CE

	named entity submits this statement for the purpose of char ions of registered agent.	nging its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signalure, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating) DATE
Fi De	iling Fee is \$50.00 ue by May 1, 2007	
9.	MANAGING MEMBERS/MANAGERS	
TITLE	MGR	10000724903
NAME OTRACT LOCATION	LUPO, STEPHEN J	05/03/07-80001-001.50.00
STREET ADDRESS CITY-ST-ZIP	101 FRONTON BLVD DANIA BEACH, FL 33004	The state of the s
TITLE	MGR	
NAME	LUPO, JUDITH L	
STREET ADDRESS	101 FRONTON BLVD	Sph. 1.
CITY-ST-ZIP	DANIA BEACH, FL 33004	The state of the s
TITLE		
NAME		
STREET ADDRESS		DO NOT WRITE
CITY-ST-ZIP		
TITLE NAME	•	IN THIS SPACE
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		The state of the s
NAME		
STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	
TITLE		
NAME CTOCCT ADDRESS		1 h

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:

CITY-ST-ZIP

IRE AND TYPED OR PRINTED NAME OF BIGNING MANAGING MEMBER OR AUTHORIZED REPRESENTATIVE

4/18/9 Dale

954-295-7745

Daytime Phone #