


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Aug 12, 2008 8:00 am**  
**Secretary of State**

08-12-2008 90016 001 \*2,693.75

<b>DOCUMENT # L05000108454</b>	
1. Entity Name <b>FROSTPROOF CITY HALL JV, LLC</b>	

Principal Place of Business <b>450 NE 32ND STREET MIAMI, FL 33137</b>	Mailing Address <b>450 NE 32ND STREET MIAMI, FL 33137</b>
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**30010844**



2. Principal Place of Business - No P.O. Box # <b>47 W. WALL ST</b>	3. Mailing Address <b>47 W. WALL ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

07162008 Chg-LLC CR2E083 (12/06)

City & State <b>FROSTPROOF FL</b>	City & State <b>FROSTPROOF FL</b>
Zip <b>33143</b>	Country <b>USA</b>
Zip <b>33143</b>	Country <b>USA</b>

4. FEI Number <b>NOT APPLICABLE</b>	Applied For <b>Not Applicable</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>MIAMI CENTER REGISTERED AGENTS, LLC 201 S. BISCAYNE BOULEVARD, SUITE 1700 MIAMI, FL 33131</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM FROSTPROOF DEVELOPERS JV, LLC 450 NE 32ND STREET MIAMI, FL 33137</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>47 W. WALL ST FROSTPROOF FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

**SIGNATURE:** Robert Wall 7-28-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #