

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2006 8:00 am
Secretary of State

07-13-2006 90079 010 ***150.00

20048567



07062006 Chg-LLC CR2E083 (11/05)

4. FEI Number **20-3960313** Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L05000114990
1. Entity Name
FRONTAGE 29 G ARTY LLC



Principal Place of Business
**3629 N FRONTAGE ROAD
LAKELAND, FL 33801 US**

Mailing Address
**2415 CLEVELAND HEIGHTS BLVD.
LAKELAND, FL 33803 US**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**ARTY, GATE
2415 CLEVELAND HEIGHTS BLVD.
LAKELAND, FL 33803**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** 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 _____

Filing Fee is \$50.00 Due by September 6, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ARTY, GATE 2415 CLEVELAND HEIGHTS BLVD. LAKELAND, FL 33803 <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
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 608, Florida Statutes.

SIGNATURE: **7/10/06** **863 529 3222**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

ALA Authorized Paratax Inc.



ATTACHMENT
20048567

2210 South Florida Ave.
Lakeland, FL 33805
MAIL: PO Box 7076, Lakeland, FL 33807-7076
863-687-6154 cell: 863-604-6174 Fax: 802-106
TJC180@msn.com

July 6, 2006

Division of Corporations
PO Box 6198
Tallahassee, FL 32314

RE: Frontage 29 L05000114990

Dear Sirs/Madams:

I am enclosing the UBR for 2006 for the above listed corporation. The taxpayer did not receive the notice in the mail.

I am enclosing the check in the amount of \$150.00 and requesting that you abate the late penalty.

Thank you,

Jeannie Chodazek
Accounts Manager

Cc: Gate Arty