

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000030398

FILED
Apr 16, 2009
Secretary of State

Entity Name: FRONTIRRE CARBONELL, LLC

Current Principal Place of Business:

501 BRICKELL KEY DRIVE
SUITE 504
MIAMI, FL 33131

Current Mailing Address:

501 BRICKELL KEY DRIVE
SUITE 504
MIAMI, FL 33131

New Principal Place of Business:

901 BRICKELL KEY BLVD
3808
MIAMI, FL 33131

New Mailing Address:

901 BRICKELL KEY BLVD
3808
MIAMI, FL 33131

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROBINSON, WESLEY M ESQ.
80 SW 8TH STREET, SUITE 3100
MIAMI, FL 33130 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: PENA, HECTOR
Address: 848 BRICKELL KEY DRIVE, UNIT 1806
City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete
Name: PENA, LUCIA F
Address: 848 BRICKELL KEY DRIVE, UNIT 1806
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: PENA, HECTOR
Address: 901 BRICKELL KEY BLVD # 3808
City-St-Zip: MIAMI, FL 33131

Title: MGR (X) Change () Addition
Name: PENA, LUCIA F
Address: 901 BRICKELL KEY BLVD # 3808
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HECTOR PENA

MGR

04/16/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date