2007 LIMITED LIABILITY COMPANY

Mar 21, 2007 8:00 am **Secretary of State ANNUAL REPORT DOCUMENT # L06000032805** 03-21-2007 90161 050 ****50.00 FRONTGATE INVESTMENTS, LLC Principal Place of Business Mailing Address 60026851 36225 COVINGTON ROAD 36225 COVINGTON ROAD DADE CITY, FL 33525 DADE CITY, FL 33525 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162007 CR2E083 (12/06) Chg-LLC Applied For 4. FE! Number City & State City & State 20-4599048 Not Applicable Country Country \$5.00 Additional Zip 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUNAWAY, DEBORAH Street Address (P.O. Box Number is Not Acceptable) 36225 COVINGTON ROAD DADE CITY, FL 33525 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) Make check payable to Filing Fee is \$50.00 Due by May 1, 2007 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. ☐ Addition **MGRM** TITLE ☐ Change TITLE ☐ Delete OLD PORT CAPITAL, LTD. NAME NAME STREET ADDRESS 101 E. KENNEDY BLVD., SUITE 3300 STREET ADORESS CITY-ST-ZIP **TAMPA, FL 33602** CITY-ST-ZIP A PART OF THE PART ☐ Change ☐ Addition ☐ Delete TITLE + NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete [7] Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 received or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone # Date

FILED