2007 LIMITED LIAL-LITY COMPANY **ANNUAL REPORT**

May 24, 2007 8:00 am Secretary of State DOCUMENT #L06000038140 03-21-2007 90160 007 ****50.00 NEW FRONTGATE, LLC Principal Place of Business Mailing Address 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 Chg-LLC CR2E083 (12/06) City & State City & State 4. FEI Number Applied For 20-468155 Not Applicable \$5.00 Additional Country Zip Country 5. Certificate of Status Desired 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 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. (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 MANAGING MEMBERS/MANAGERS ODITIONS/CHANGES 9. - MGRM DOITION JOHN L. WISON TITLE TITLE **□ Add**ition NAME NAME 36225 Covington Rd. Dade City, FL 33525 STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE Change | THILE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information shall have the same legal effect as if made under oath; that I am a managing member or manager of the earlie this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information supplied with this filing does not a indicated on this report is true and accurate and that my signature sufficient diability company or the receiver or trustee empowered to execute. SIGNATURE: SIGNATURE AND TYPED OF FRINTED NAME OF SIGNING MANAGING MEMBER

OR AUTHORIZED REPRESENTATIVE

FILED

Daytime Phone #