


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

08-12-2008 90016 001 *2,693.75

DOCUMENT # L06000079728	
1. Entity Name FROSTPROOF DEVELOPERS JV, LLC	

Principal Place of Business 450 N.E. 32ND ST. MIAMI, FL 33137	Mailing Address 450 N.E. 32ND ST. MIAMI, FL 33137
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30010845



2. Principal Place of Business - No P.O. Box # 47 W. WALL ST	3. Mailing Address 47 W. WALL ST
Suite, Apt. #, etc. FROSTPROOF	Suite, Apt. #, etc. FROSTPROOF
City & State FROSTPROOF FL	City & State FROSTPROOF, FL
Zip 33843	Country USA
Zip 33843	Country USA

07162008 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-5470532	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent MIAMI CENTER REGISTERED AGENTS, LLC 201 S. BISCAYNE BOULEVARD, SUITE 1700 MIAMI, FL 33131

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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW!!! FEE IS \$538.75 Due by September 12, 2008	Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CHATHAM, WALTER		NAME	
STREET ADDRESS 450 N.E. 32ND ST.		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33137		CITY-ST-ZIP	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GOLD, MICHAEL		NAME	
STREET ADDRESS 450 N.E. 32ND ST.		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33137		CITY-ST-ZIP	
TITLE MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WOHL, ROBERT		NAME	
STREET ADDRESS 450 N.E. 32ND ST.		STREET ADDRESS	
CITY-ST-ZIP MIAMI, FL 33137		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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