

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118312

Entity Name: FRONTGATE-BROADBAND, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

301 E. PINE STREET
525
ORLANDO, FL 32801

New Principal Place of Business:

301 E. PINE STREET
SUITE 525
ORLANDO, FL 32801

Current Mailing Address:

15065 MCGREGOR BLVD.
SUITE 108
FORT MYERS, FL 33908

New Mailing Address:

FEI Number: 20-8029816 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

R&A AGENTS, INC., ATTN: MICHAEL S. YASHKO
2320 FIRST STREET
FORT MYERS, FL 33901 US

Name and Address of New Registered Agent:

HENSLEY, ROBERT D
15065 MCGREGOR BLVD
SUITE 108
FORT MYERS, FL 33908 US

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: ROBERT D. HENSLEY

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: REED, MARK J
Address: 7320 BRANCHTREE DR
City-St-Zip: ORLANDO, FL 32835

Title: MGR (X) Delete
Name: GRIMSLEY, STEVE
Address: 100 S EOLA DRIVE #706
City-St-Zip: ORLANDO, FL 32801

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GRIMSLEY, STEVE
Address: 301 EAST PINE, SUITE 525
City-St-Zip: ORLANDO, FL 32801

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: STEVE GRIMSLEY

MGR

04/29/2009

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