

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039445

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** FRONTGATE CONNECTIONS, LLC

**Current Principal Place of Business:**

15065 MCGREGOR BLVD.  
SUITE 108  
FORT MYERS, FL 33908

**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:**

15065 MCGREGOR BLVD.  
SUITE 108  
FORT MYERS, FL 33908

**FEI Number:** 20-8990716

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REED, MARK J  
15065 MCGREGOR BLVD.  
SUITE 108  
FORT MYERS, FL 33908 US

**Name and Address of New Registered Agent:**

GRIMSLEY, STEVE  
301 EAST PINE STREET  
SUITE 525  
ORLANDO, FL 32801 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: STEVE GRIMSLEY

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: FRONTGATE NETWORKS LLC  
Address: 15065 MCGREGOR BLVD SUITE 108  
City-St-Zip: FORT MYERS, FL 33908

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: FRONTGATE NETWORKS LLC  
Address: 15065 MCGREGOR BLVD SUITE 108  
City-St-Zip: FORT MYERS, FL 33908

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: ROBERT D. HENSLEY

MGRM

04/29/2009

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