

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000127212

FILED  
Mar 05, 2008  
Secretary of State

Entity Name: FROST FAMILY MANAGEMENT, LLC

**Current Principal Place of Business:**

2460 NW 53RD STREET  
BOCA RATON, FL 33496

**New Principal Place of Business:**

**Current Mailing Address:**

2460 NW 53RD STREET  
BOCA RATON, FL 33496

**New Mailing Address:**

FEI Number: 26-1638155

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

KENNEDY TRINLEY, ET AL., P.L.  
1675 PALM BEACH LAKES BLVD.  
STE. 700  
WEST PALM BEACH, FL 33401 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: FROST, DARREN  
Address: 2460 NW 53RD STREET  
City-St-Zip: BOCA RATON, FL 33496

Title: MGR ( ) Change (X) Addition  
Name: FROST, SHERRY  
Address: 2460 NW 53RD STREET  
City-St-Zip: BOCA RATON, FL 33496

Title: MGR ( ) Change (X) Addition  
Name: FROST, JERRY  
Address: 2460 NW 53RD STREET  
City-St-Zip: BOCA RATON, FL 33496

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: DARREN FROST

MGRM

03/05/2008

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