

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000057462

**FILED**  
**Jul 19, 2012**  
**Secretary of State**

**Entity Name:** FROST FUND MANAGEMENT, LLC

**Current Principal Place of Business:**

4400 BISCAYNE BOULEVARD, STE 1500  
MIAMI, FL 33137

**New Principal Place of Business:**

**Current Mailing Address:**

4400 BISCAYNE BOULEVARD, STE 1500  
MIAMI, FL 33137

**New Mailing Address:**

**FEI Number:** 35-2343548

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUBIN, STEVEN D  
4400 BISCAYNE BOULEVARD  
15TH FLOOR  
MIAMI, FL 33137 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:** P  
**Name:** FROST, PHILLIP MD  
**Address:** 4400 BISCAYNE BLVD  
**City-St-Zip:** MIAMI, FL 33137

**Title:** VPT  
**Name:** UPPALURI, SUBBARAO  
**Address:** 4400 BISCAYNE BLVD  
**City-St-Zip:** MIAMI, FL 33137

**Title:** VPS  
**Name:** RUBIN, STEVEN D  
**Address:** 4400 BISCAYNE BLVD  
**City-St-Zip:** MIAMI, FL 33137

I hereby 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:** PHILLIP FROST, M.D.

P

07/19/2012

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