2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M05000002085

1. Entity Name FRONTIER GP LLC



FILED Apr 30, 2007 08:00 Al Secretary of State

Principal Place of Business

2627 NE 203RD STREET, SUITE 216 MIAMI, FL 33180

Mailing Address

2627 NE 203RD STREET, SUITE 216 MIAMI, FL 33180



DO NOT WRITE IN THIS SPACE

04272007 No Chg-LLC CR2E083 (11/05)

20-2620526	 Not Applicable \$5.00 Additional	
5. Certificate of Status Desired	Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL. 32301-2525 DO NOT WRITE

TALLAHA	SSEE, FL 32301-2525	INTHIS	SPACE
	named entity submits this statement for the purpose of changin lions of registered agent.	g its registered office or registered agent, or both, in the Sta	ate of Florida. I am familiar with, and accept
SIGNATURE.	Signaturs, typed or printed name of registered agent and little if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
Fi D	iling Fee is \$50.00 ue by May 1, 2007		
9.	MANAGING MEMBERS/MANAGERS	(1) 10 10 10 10 10 10 10 10 10 10 10 10 10	With the state of
TITLE NAME	MGR GORDON, ERIC		
STREET ADDRESS CITY-ST-ZIP	2627 NE 203RD STREET, SUITE 216 MIAMI, FL 33180		
TITLE NAME			U00000743740 XXX (XXX)
STREET ADDRESS		100 mg/s 100	. 12\0\4-80150-051\20\10\2
CITY-ST-ZIP TITLE			
NAME STREET ADDRESS			
CITY-ST-ZIP		DO NOT	WRITE
TITLE NAME		IN THIS	SPACE
STREET ADDRESS			
CITY-ST-ZIP			
TITLE NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE			[1] [[[[[]]]] [[[]] [[]] [[]] [[] [[]] [[] [[]] [[] [[] []] [[] [[] []

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 608, Florida Statutes.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4/27/07

Daytime Phone #