

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000004170

FILED  
Jan 04, 2008  
Secretary of State

Entity Name: FRONT ROW PROPERTIES, LLC

**Current Principal Place of Business:**

1017 INGLEWOOD  
ROCHESTER, MI 48307

**New Principal Place of Business:**

**Current Mailing Address:**

1017 INGLEWOOD  
ROCHESTER, MI 48307

**New Mailing Address:**

FEI Number: 20-4595464      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C&G PROPERTY MAINTENANCE, INC.  
5049 CAPE HATTERAS DRIVE  
CLERMONT, FL 34714 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: MGR ( ) Delete  
Name: DAVIES, GARETH  
Address: 1017 INGLEWOOD  
City-St-Zip: ROCHESTER, MI 48307

Title: MGR ( ) Delete  
Name: DUDLEY, IAN  
Address: 1017 INGLEWOOD  
City-St-Zip: ROCHESTER, MI 48307

Title: MGR ( ) Delete  
Name: GARFORTH, IAN  
Address: 1017 INGLEWOOD  
City-St-Zip: ROCHESTER, MI 48307

**ADDITIONS/CHANGES:**

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

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

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: GARETH DAVIES

MGR

01/04/2008

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