

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000003628

FILED
Jan 05, 2007
Secretary of State

Entity Name: FRONTGATE FINANCIAL SERVICES, LLC

Current Principal Place of Business:

14405 WALTERS ROAD, SUITE 1006
HOUSTON, TX 77379

New Principal Place of Business:

Current Mailing Address:

14405 WALTERS ROAD, SUITE 1006
HOUSTON, TX 77379

New Mailing Address:

FEI Number: 20-4587995

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNOR'S SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: MGRM () Delete
Name: HUERTAS, MARGARET
Address: 1230 WEALDEN FOREST DRIVE
City-St-Zip: SPRING, TX 77379

Title: MGRM () Delete
Name: ENFINGER, JESSICA
Address: 12113 PAWNEE DRIVE
City-St-Zip: GAITHERSBURG, MD 20878

Title: MGRM () Delete
Name: LAWRENCE, MATTHEW
Address: 1742A MICHIGAN STREET
City-St-Zip: HOUSTON, TX 77006

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 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: MARGARET HUERTAS

MGRM

01/05/2007

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