

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000057462

**FILED**  
**Feb 20, 2013**  
**Secretary of State**  
**CC0889406378**

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

**Current Principal Place of Business:**

4400 BISCAYNE BOULEVARD, STE 1500  
MIAMI, FL 33137

**Current Mailing Address:**

4400 BISCAYNE BOULEVARD, STE 1500  
MIAMI, FL 33137

**FEI Number: 35-2343548**

**Certificate of Status Desired: No**

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

RUBIN, STEVEN D  
4400 BISCAYNE BOULEVARD  
15TH FLOOR  
MIAMI, FL 33137 US

*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

**Authorized Person(s) Detail :**

Title	P	Title	VPT
Name	FROST, PHILLIP MD	Name	UPPALURI, SUBBARAO
Address	4400 BISCAYNE BLVD	Address	4400 BISCAYNE BLVD
City-State-Zip:	MIAMI FL 33137	City-State-Zip:	MIAMI FL 33137
Title	VPS		
Name	RUBIN, STEVEN D		
Address	4400 BISCAYNE BLVD		
City-State-Zip:	MIAMI FL 33137		

*I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: PHILLIP FROST, M.D.**

**PRESIDENT**

**02/20/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date