

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000000730

Entity Name: CLP FRONTIER CITY, LLC

Current Principal Place of Business:

450 S. ORANGE AVE.
ORLANDO, FL 32801

Current Mailing Address:

PO BOX 4920
ORLANDO, FL 32802

FEI Number: 20-8386669

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCARCELLI, LINDA A
450 S. ORANGE AVE.
ORLANDO, FL 32801 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 MGR
Name JOHNSON, JOSEPH T
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title MGR
Name GREER, HOLLY
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title MGR
Name MAULDIN, STEPHEN H
Address 450 S. ORANGE AVE.
City-State-Zip: ORLANDO FL 32801

Title MGR
Name ANGELO, BERNARD J
Address 68 SO. SERVICE ROAD, SUITE 120
City-State-Zip: MELVILLE NY 11747

Title MGR
Name WONG, TONY
Address 68 SO. SERVICE ROAD, SUITE 120
City-State-Zip: MELVILLE NY 11747

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH T. JOHNSON

TREASURER

03/13/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date