## 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

## Apr 08, 2004 8:00 am Secretary of State DOCUMENT # L01000011683 1. Entity Name 04-08-2004 90274 019 \*\*\*\*55.00 FRANKLIN NATIONAL FINANCIAL HOLDINGS, L.L.C. Principal Place of Business Mailing Address 1<del>50 E. PALMETTO PARK ROA</del>D 150 E. PALMETTO PARK ROAD SUITE-750 BOCA RATON FL 33432 **BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address 1200 N. FEDERAL HWU Suite, Apt. #. etc. Suite, Apt. #, #td MOORE CR2E083 (11/03) Bica RATON 4. FEI Number Applied For City & State 65-1124553 Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired UJA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARITZ, NEIL S Street Address (P.O. Box Number is Not Acceptable) 150 E. PALMETTO PARK ROAD SUITE 750 **BOCA RATON FL 33432** Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2004 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. TITLE MGR TITLE Change ☐ Addition ☐ Delete NAME .-GOLDEN, CHRISTINE NAME 1200 N. Federal Huy #111-B Buca Raton FL 33432 STREET ADDRESS STREET ADDRESS 450 E. PALMETTO PARK ROAD, SUITE 750 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 employered to execute this report as required by Chapter 608, Florida Statutes.

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

SIGNATURE:

FILED