


**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000022512 1. Entity Name FRANKLIN & COMPANY PROPERTY MANAGEMENT, L.L.C.	
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Principal Place of Business 4112 LAMSON AVENUE SPRING HILL, FL 34608 US	Mailing Address 4112 LAMSON AVENUE SPRING HILL, FL 34608
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**DO NOT WRITE IN THIS SPACE**



03072006No Chg-LLC CR2E083 (11/05)

4. FEI Number 68-0528321	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  PERRICONE, DEBRA K 4112 LAMSON AVENUE SPRING HILL, FL 34608
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**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

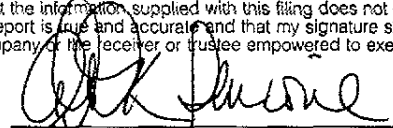
**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PERRICONE, DEBRA 4112 LAMSON AVE SPRING HILL, FL 34608
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05/13/06-80040-020 50.00

**DO NOT WRITE  
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  DATE: 4/12/06 DAYTIME PHONE #: 3526848884

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