2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2001 08:00 AM
Secretary of State

DOCUMENT # A92000000019

1. Entity Name
FRANKLIN CENTRES, LTD.

Principal Place of Business	Mailing Address
3315 N. 124TH STREET SUITE E BROOKFIELD WI 53005	C/O CENTRES, INC., 2 DATRAN CENTER #1528 9130 S. DADELAND BLVD. MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
9130 S. DADELAND BLVD., #1528	C/O CENTRES INC.
Suite, Apt. #, etc.	Suite, Apt. #, etc. 9130 S. DADELAND BLVD., #1528
City & State: MIAMI FL	City & State: MIAMI FL
Zip: 33156 Country: US	Zip: 33156 Country:

4. FEI Number 65-0375146 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN CENTRES, INC.
2 DATRAN CENTER, #1528
9130 S. DADELAND BLVD.
MIAMI FL
33156 US

7. Name and Address of New Registered Agent

Name
CHARLTON DAVID K
Street Address (P.O. Box Number is Not Acceptable)
2 DATRAN CENTER, #1528
9130 S. DADELAND BLVD.
City MIAMI FL Zip Code 33156

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.

SIGNATURE DAVID K. CHARLTON 04/18/2001
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. Capital Contributions as Shown on record. 29,700.00

10. Amount of Capital Contributions in FLORIDA to date. 29,700.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12.	GENERAL PARTNER INFORMATION	13.	ADDRESS CHANGES ONLY
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	 FRANKLIN CENTRES, INC. 3315 N. 124TH ST., SUITE E BROOKFIELD WI 53005	STREET ADDRESS CITY-ST-ZIP	9130 S. DADELAND BLVD., #1528 MIAMI FL 33156
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	

CR2E003 (11/00)

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: DAVID K. CHARLTON SVST 04/18/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #