

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000012593

Entity Name: RICHARD P. FRANKLIN, LLC

FILED
Jan 27, 2007
Secretary of State

Current Principal Place of Business:

5630 PARK BLVD.
SUITE C
PINELLAS PARK, FL 33781

New Principal Place of Business:

Current Mailing Address:

5630 PARK BLVD.
SUITE C
PINELLAS PARK, FL 33781

New Mailing Address:

FEI Number: 22-4906597

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRANKLIN, RICHARD P
8767 HERSHEY LANE
SEMINOLE, FL 33777 US

Name and Address of New Registered Agent:

FRANKLIN, RICHARD P
5630 PARK BLVD. SUITE C
PINELLAS PARK, FL 33781 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:

01/27/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: FRANKLIN, RICHARD P
Address: 8767 HERSHEY LANE
City-St-Zip: SEMINOLE, FL 33777

Title: MGR () Delete
Name: FRANKLIN, VICKI L
Address: 8767 HERSHEY LANE
City-St-Zip: SEMINOLE, FL 33777

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FRANKLIN, RICHARD P
Address: 5630 PARK BLVD. SUITE C
City-St-Zip: PINELLAS PARK, FL 33781

Title: MGR (X) Change () Addition
Name: FRANKLIN, VICKI L
Address: 5630 PARK BLVD. SUITE C
City-St-Zip: PINELLAS PARK, FL 33781

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: RICHARD P. FRANKLIN

MGR

01/27/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date