2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State
02-11-2004 90208 017 ****50.00

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1. Entity Name
FRANKLIN STREET PROPERTIES, LLC

Principal Place of Business	Mailing Address
1523 N. FRANKLIN ST. TAMPA, FL 33602	1523 N. FRANKLIN ST. TAMPA, FL 33602

02032004 No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1054189
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

ACCARDI, JASON
1523 N. FRANKLIN ST.
TAMPA, FL 33602

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2004

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ACCARDI, JASON
STREET ADDRESS	1523 N. FRANKLIN ST.
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	ACCARDI, JOHN
STREET ADDRESS	1523 N. FRANKLIN ST.
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	MGRM
NAME	FORD, SPENCER
STREET ADDRESS	1523 N. FRANKLIN ST.
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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11. 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 empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JASON ACCARDI - MEMBER 2/4/04 813-228-7722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #