


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000013643
 1. Entity Name
 FRANKLIN STREET PROPERTIES, LLC



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

DO NOT WRITE IN THIS SPACE



04142005No Chg-LLC CR2E083 (10/03)

4. FEI Number 65-1054189	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when relistating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$50.00
Due by May 1, 2005

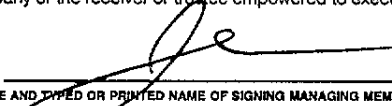
9. MANAGING MEMBERS/MANAGERS

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

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 2005-00164-020 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: 4/15/05 Daytime Phone #: 813 228-7722

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