

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90052 017 ****50.00

**2006 LIMITED LIABILITY COMPANY
 ANNUAL REPORT**

20040110



DOCUMENT # L00000013643 1. Entity Name FRANKLIN STREET PROPERTIES, LLC					
Principal Place of Business 1523 N. FRANKLIN ST. TAMPA, FL 33602			Mailing Address 1523 N. FRANKLIN ST. TAMPA, FL 33602		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04132006 Chg-LLC CR2E083 (11/05)	
Zip		Country		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			7. Name and Address of New Registered Agent		
ACCARDI, JASON 1523 N. FRANKLIN ST. TAMPA, FL 33602			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ACCARDI, JASON	NAME			
STREET ADDRESS	1523 N. FRANKLIN ST.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP			
TITLE	MGRM <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	ACCARDI, JOHN	NAME			
STREET ADDRESS	1523 N. FRANKLIN ST.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP			
TITLE	MGRM <input checked="" type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	FORD, SPENCER	NAME			
STREET ADDRESS	1523 N. FRANKLIN ST.	STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 33602	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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:		Jason Accardi		4/28/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	

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222-7722