2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90274 019 ****55.00

MOORE CR2E083 (11/03)

DOCUMENT # L01000011683

1. Entity Name

FRANKLIN NATIONAL FINANCIAL HOLDINGS, L.L.C.

Principal Place of Business	Mailing Address
~~150 E. PALMETTO PARK ROAD~~	~~150 E. PALMETTO PARK ROAD~~
~~SUITE 750~~	~~SUITE 750~~
BOCA RATON FL 33432	BOCA RATON FL 33432

2. Principal Place of Business	3. Mailing Address
1200 N. FEDERAL HWY	
Suite, Apt. #, etc.: Suite 111-B	Suite, Apt. #, etc.: → Same
City & State: BOCA RATON FL	City & State:
Zip: 33432 Country: USA	Zip: Country:

4. FEI Number: 65-1124553 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BARITZ, NEIL S	Name
150 E. PALMETTO PARK ROAD	Street Address (P.O. Box Number is Not Acceptable)
SUITE 750	
BOCA RATON FL 33432	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2004

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	GOLDEN, CHRISTINE		NAME		
STREET ADDRESS	~~150 E. PALMETTO PARK ROAD, SUITE 750~~		STREET ADDRESS	1200 N. Federal Hwy #111-B	
CITY-ST-ZIP	BOCA RATON FL 33432		CITY-ST-ZIP	Boca Raton FL 33432	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ 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 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: [signature] 4/6/04 (561) 558-2900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #