## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

SIGNATURE:

SIGNATURE AND

## Apr 24, 2006 08:00 AN Secretary of State DOCUMENT #L01000020614 . Entity Name FRANKLIN ESTATES, LLC Principal Place of Business Mailing Address 3965 ORTEGA BLVD. 3965 ORTEGA BLVD. JACKSONVILLE, FL 32210 JACKSONVILLE, FL 32210 04202006No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 26-0038176 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent MARION EQUITIES, INC. DO NOT WRITE 3965 ORTEGA BLVD. JACKSONVILLE, FL 32210 IN THIS SPACE mits 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 obligation SIGNATURE (NOTE: Registered Agent aignature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 9. MANAGING MEMBERS/MANAGERS MGRM TITLE MARION EQUITIES, INC. NAME 05/06/06-80100-011 50.00 3965 ORTEGA BLVD STREET ADDRESS CITY-ST-ZIP JACKSONVILLE, FL 32210 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-57-7P TITLE NAME STREET ADDRESS City-St-ZP 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 execuse this report as required by Chapter 608, Florida Statutes.

O OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

**FILED** 

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