

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

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

04-08-2004 90274 018 *****55.00

DOCUMENT # L02000005474

1. Entity Name

**FRANKLIN NATIONAL FINANCIAL MANAGEMENT CO.,
L.L.C.**



Principal Place of Business

**150 E. PALMETTO PARK ROAD
SUITE 750
BOCA RATON FL 33432**

Mailing Address

**150 E. PALMETTO PARK ROAD
SUITE 750
BOCA RATON FL 33432**

2. Principal Place of Business

1200 N. FEDERAL Hwy

Suite, Apt. #, etc.

Suite 111-B

City & State

BOCA RATON, FL

Zip

33432

Country

USA

3. Mailing Address

1200 N. FEDERAL Hwy

Suite, Apt. #, etc.

Suite 111-B

City & State

Boca Raton FL

Zip

33432

Country

USA



MOORE

CR2E083 (11/03)

4. FEI Number

04-3626105

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BARITZ, NEIL S ESQ.
150 E. PALMETTO PARK ROAD
SUITE 750
BOCA RATON FL 33432**

7. Name and Address of New Registered Agent

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

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

TITLE **MGR** ☐ Delete
NAME **GOLDEN, CHRISTINE**
STREET ADDRESS **150 E. PALMETTO PARK ROAD, SUITE 750**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME **CHRISTINE GOLDEN**
STREET ADDRESS **1200 N. FEDERAL Hwy #111-B**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/6/04 **558-2900**