

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000034165

FILED
Nov 30, 2004
Secretary of State

Entity Name: FRANKLIN INVESTMENTS & PROPERTIES, L.L.C.

Current Principal Place of Business:

5818 S.R. 54
NEW PORT RICHEY, FL 33069

New Principal Place of Business:

15120 COUNTY LINE ROAD
SUITE 106
SPRING HILL, FL 34610

Current Mailing Address:

5818 S.R. 54
NEW PORT RICHEY, FL 33069

New Mailing Address:

15120 COUNTY LINE ROAD
SUITE 106
SPRING HILL, FL 34610

FEI Number: 02-0662063 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

KUTTY, MOHAN M.D.
13911 LAKESHORE BLVD., STE. G
HUDSON, FL 34667 US

Name and Address of New Registered Agent:

KUMAR, ASHOK
15120 COUNTY LINE ROAD
SUITE 106
SPRING HILL, FL 34610 US

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.

SIGNATURE: ASHOK KUMAR

11/30/2004

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: KUTTY, MOHAN
Address: 13911 LAKESHORE BLVD.
City-St-Zip: HUDSON, FL 34667

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KUMAR, ASHOK
Address: 15120 COUNTY LINE ROAD
City-St-Zip: SPRING HILL, FL 34610

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: ASHOK KUMAR

MGRM

11/30/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date