


FILED
Apr 09, 2004 8:00 am
Secretary of State

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DOCUMENT # L03000036053				Secretary of State 04-09-2004 90217 016 ****50.00	
1. Entity Name FRANKFURT DEVELOPMENT PARTNERS, LLC					
Principal Place of Business 336 SOUTH SHORE DRIVE SARASOTA, FL 34234		Mailing Address 336 SOUTH SHORE DRIVE SARASOTA, FL 34234			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01122004 Chg-LLC CR2E083 (10/03)	
City & State		City & State		4. FEI Number 65-1204597	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MORRIS, TIMOTHY J 336 SOUTH SHORE DRIVE SARASOTA, FL 34234				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR MORRIS, TIMOTHY J. 336 SOUTH SHORE DR. SARASOTA, FL 34234			TITLE NAME STREET ADDRESS CITY-ST-ZIP MGR MORRIS, TIMOTHY J 336 SOUTH SHORE DR SARASOTA, FL 34234		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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Delete <input type="checkbox"/>			Change <input type="checkbox"/> Addition <input type="checkbox"/>		
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:  X 4/5/04 X 248-766-2254					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					