## **2005 LIMITED LIABILITY COMPANY**

DO NOT WRITE IN THIS SPACE

## **ANNUAL REPORT DOCUMENT # L03000036053**

FRANKFURT DEVELOPMENT PARTNERS, LLC

~vuu/445

**FILED** 

Feb 03, 2005 8:00 am Secretary of State

02-03-2005 90114 049 \*\*\*\*50.00

Principal Place of Business 336 SOUTH SHORE DRIVE

SARASOTA, FL 34234

Mailing Address

336 SOUTH SHORE DRIVE SARASOTA, FL 34234



01112005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number		Applied For
65-1204597		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

6. Name and Address of Current Registered Agent

MORRIS, TIMOTHY J 336 SOUTH SHORE DRIVE SARASOTA, FL 34234

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the obligat	named entity submits this statement for the purpose of changing ons of registered agent.	gits registered office or registered agent, or both, in the State	of Florida. I am familiar with, and accept .	
SIGNATURE_	Signature, typed or printed name of registered agent and title if applicable.	NOTE: Registered Agent signature required when reinstating)	DATE	
Fi D	ling Fee is \$50.00 ue by May 1, 2005			
9.	MANAGING MEMBERS/MANAGERS			
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				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT	WRITE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS	SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE 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.				