

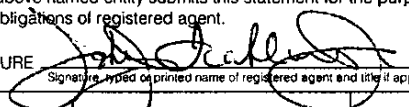
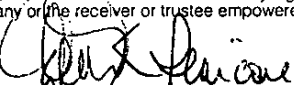


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90096 046 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                     |                                                                                                                                                                                                 |                                                                                    |                                                                              |
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| DOCUMENT # L03000038677                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                            |                                                                     |                                                                                                                                                                                                 |   |                                                                              |
| <b>1. Entity Name</b><br>FRANKLIN & COMPANY COMMERCIAL PROPERTIES, LLC                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                     |                                                                                                                                                                                                 |                                                                                    |                                                                              |
| <b>Principal Place of Business</b><br>19201 CORTEZ BLVD<br>BROOKSVILLE, FL 34601 US                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                     | <b>Mailing Address</b><br>19201 CORTEZ BLVD<br>BROOKSVILLE, FL 34601 US                                                                                                                         |                                                                                    |                                                                              |
| <b>2. Principal Place of Business</b><br>4112 LAMSON AVE<br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            | <b>3. Mailing Address</b><br>4112 LAMSON AVE<br>Suite, Apt. #, etc. |                                                                                                                                                                                                 |  |                                                                              |
| City & State<br>SPRING HILL FL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                            | City & State<br>SPRING HILL FL                                      |                                                                                                                                                                                                 | 03222005 Chg-LLC CR2E083 (10/03)                                                   |                                                                              |
| Zip<br>34608                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            | Country<br>USA                                                      |                                                                                                                                                                                                 | <b>4. FEI Number</b><br>20-0294848                                                 |                                                                              |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                            |                                                                     |                                                                                                                                                                                                 | Applied For<br>Not Applicable                                                      |                                                                              |
| <b>6. Name and Address of Current Registered Agent</b><br>FRANKLIN, JOHN J JR.<br>19201 CORTEZ BLVD<br>BROOKSVILLE, FL 34601                                                                                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                     | <b>7. Name and Address of New Registered Agent</b><br>Name Franklin, John J Jr.<br>Street Address (P.O. Box Number is Not Acceptable)<br>4114 Lamson Ave.<br>City Spring Hill FL Zip Code 34608 |                                                                                    |                                                                              |
| <b>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.</b>                                                                                                                                                                                                                                                                                 |                                                                            |                                                                     |                                                                                                                                                                                                 |                                                                                    |                                                                              |
| SIGNATURE <br><small>Signature typed or printed name of registered agent and title if applicable.</small>                                                                                                                                                                                                                                                                                                                         |                                                                            |                                                                     | DATE 4/18/05<br><small>(NOTE: Registered Agent signature required when reinstating)</small>                                                                                                     |                                                                                    |                                                                              |
| <b>Filing Fee is \$50.00</b><br><b>Due by May 1, 2005</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                            |                                                                     | <b>Make check payable to</b><br><b>Florida Department of State</b>                                                                                                                              |                                                                                    |                                                                              |
| <b>9. MANAGING MEMBERS/MANAGERS</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                            |                                                                     | <b>10. ADDITIONS/CHANGES</b>                                                                                                                                                                    |                                                                                    |                                                                              |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br>FRANKLIN, JOHN J JR.<br>19201 CORTEZ BLVD<br>BROOKSVILLE, FL 34601 | <input checked="" type="checkbox"/> Delete                          | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                           | MGRM<br>DEBRA K PERRICONE<br>4112 LAMSON AVE<br>SPRING HILL FL 34608               | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGR<br>ROSKO, GEORGE<br>19201 CORTEZ BLVD<br>BROOKSVILLE, FL 34601         | <input checked="" type="checkbox"/> Delete                          | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                           |                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Delete                                     | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                           |                                                                                    | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Delete                                     | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                           |                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Delete                                     | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                           |                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                            | <input type="checkbox"/> Delete                                     | <b>TITLE</b><br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                           |                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| <b>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.</b> |                                                                            |                                                                     |                                                                                                                                                                                                 |                                                                                    |                                                                              |
| SIGNATURE:                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                            |                                                                     | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE DEBRA K. PERRICONE                                                                        |                                                                                    |                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                            |                                                                     | Date 4/28/05 Daytime Phone # 3526843535                                                                                                                                                         |                                                                                    |                                                                              |