2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 24, 2005
Secretary of State

DOCUMENT# L03000046458

Entity Name: FRANCISCO, LLC

Current Principal Place of Business:

2871 N. OAKLAND FOREST DR., #204
OAKLAND PARK, FL 33309 US

New Principal Place of Business:

2871 N. OAKLAND FOREST DR.
APT. 204
OAKLAND PARK, FL 33309 US

Current Mailing Address:

2871 N. OAKLAND FOREST DR., #204
OAKLAND PARK, FL 33309 US

New Mailing Address:

2871 N. OAKLAND FOREST DR.
APT. 204
OAKLAND PARK, FL 33309 US

FEI Number: 20-0449884 **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:

SERMER, FRANCISCO
2871 N. OAKLAND FOREST DR., #204
OAKLAND PARK, FL 33309 US

Name and Address of New Registered Agent:

SERMER, FRANCISCO
2871 N. OAKLAND FOREST DR.
APT. 204
OAKLAND PARK, FL 33309 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: 08/24/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: SERMER, FRANCISCO
Address: 2871 N. OAKLAND FOREST DR., #204
City-St-Zip: OAKLAND PARK, FL 33309 US

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: FRANCISCO SERMER MGRM 08/24/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date