


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90189 006 ****55.00

DOCUMENT # L03000046803	
1. Entity Name FRANKLIN HEAT & AIR LTD. CO.	

Principal Place of Business 3224 QUEEN PALM DR. EDGEWATER, FL 32141	Mailing Address 3224 QUEEN PALM DR. EDGEWATER, FL 32141
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2. Principal Place of Business Franklin Heat & Air Ltd Co Suite, Apt. #, etc. 3224 Queen Palm Dr. City & State Edgewater FL. Zip 32141 Country Volusia	3. Mailing Address 3224 Queen Palm Dr. Suite, Apt. #, etc. 3224 Queen Palm Dr. City & State Edgewater FL Zip 32141 Country Volusia
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01052004 Chg-LLC CR2E083 (10/03)

6. Name and Address of Current Registered Agent LARRY FRANKLIN LOVINGOOD 3224 QUEEN PALM DR. EDGEWATER, FL 32141	
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4. FEI Number 20-0601795	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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

Signature, typed or printed name of registered agent and title if applicable.

(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	MGRM LARRY FRANKLIN LOVINGOOD 3224 QUEEN PALM DR. EDGEWATER, FL 32141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Larry F. Lovingood **LARRY F. LOVINGOOD** 1-5-04 386-426-7289