


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90283 004 ****55.00

DOCUMENT # L03000046803		
1. Entity Name FRANKLIN HEAT & AIR LTD. CO.		
Principal Place of Business FRANK HEAT & AIR LTD CO 3224 QUEEN PALM DR. EDGEWATER FL 32141		Mailing Address 3224 QUEEN PALM DR. EDGEWATER FL 32141
2. Principal Place of Business 41711 Paradise Rd.		3. Mailing Address P.O. Box 1082
Suite, Apt. #, etc.		Suite, Apt. #, etc.
City & State Deland FL		City & State Edgewater FL
Zip 32720	Country lake	Zip 32132
		Country Volusia



1st MOORE CR2E083 (10/04)

4. FEI Number 20-0601795		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent LARRY FRANKLIN LOVINGOOD 3224 QUEEN PALM DR. EDGEWATER FL 32141		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2005

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Larry F. Lovingood **LARRY F. LOVINGOOD** 4-2-05 386-426-7289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #