2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # L03000053596

1. Entity Name

Principal Place of Business

FRANKLYN TERRY AND SON, LLC



Mailing Address

350 22ND AVENUE 350 22N VERO BEACH, FL 32962 VERO BI

350 22ND AVENUE VERO BEACH, FL 32962

FILED May 01, 2006 08:00 AM Secretary of State



04282006 No Chg-LLC

CR2E083 (11/05)

| FEI Number | Applied For |
|----------------------------------|-----------------------------------|
| 65-0906012 | Not Applicable |
| 5. Certificate of Status Desired | \$5.00 Additional Fee Required |

...

6. Name and Address of Current Registered Agent

BANNER, MICHAEL 4244 W. TENNESSEE ST. #185

TALLAHASSEE, FL 32304

DO NOT WRITE IN THIS SPACE

| 6 | . 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 tamiliar with, ar | nd accept |
|---|--|------------------------|-----------|
| | the obligations of registered agent. | | |
| | | | |

SIGNATURE.

Signature, typed or printed name of registered agent and tille ill applicable

(NOTE, Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00 Due by May 1, 2006

| 9. | MANAGING MEMBERS/MANAGERS |
|----------------|---------------------------|
| SITLE | MGR |
| NAME | TERRY, JOHN |
| STREET ADDRESS | 350 22NO AVENUE |
| City-SI-ZIP | VERO BEACH, FL 32962 |
| TITLE | MGR |
| NAM[| TERRY, SCOTT |
| STREET AODRESS | 350 22NO AVENUE |
| CITY-ST-ZIP | VERO BEACH, FL 32962 |
| nne | |
| NAME | |
| STREET ADDRESS | |
| C(TY-ST-Z(P | |
| ULE | |
| NAME | |
| STRLLT ADDRESS | |
| CITY-ST-ZIP | |
| une | |
| NAME | |
| STREET ADDRESS | |
| CSTY-ST-ZIP | |
| urte | |
| NAME | |
| STREET ADDRESS | - ` |
| CITY-ST-ZIP | |

800000547376 05/12/06-80022-020 50.00

DO NOT WRITE
IN THIS SPACE

11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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:

OT LUCE
DECOR PRINTED HAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

4-12-0

770-234-142-0

Date

Oxytime Phone #