

# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000000785

Entity Name: FRANKLIN CAPITAL GROUP LLC

FILED  
Sep 22, 2005  
Secretary of State

## Current Principal Place of Business:

420 SE 19TH ST  
FT LAUDERDALE, FL 33316

## New Principal Place of Business:

ONE MARKET SQUARE CENTER  
151 N. DELAWARE STREET, SUITE 1510  
INDIANAPOLIS, IN 46204

## Current Mailing Address:

8160 SW 192ND STREET  
MIAMI, FL 33157

## New Mailing Address:

ONE MARKET SQUARE CENTER  
151 N. DELAWARE STREET, SUITE 1510  
INDIANAPOLIS, IN 46204

FEI Number: 37-1481816      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
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:

SCAFIDI, JOHN P  
8160 SW 192 STREET  
MIAMI, FL 33157      US

## Name and Address of New Registered Agent:

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: JOHN P. SCAFIDI

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM      ( ) Delete  
Name: SCAFIDI, CATHY CRUZZ  
Address: 8160 S.W. 192ND STREET  
City-St-Zip: MIAMI, FL 33157

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: MGR      (X) Change ( ) Addition  
Name: SCAFIDI, JOHN  
Address: 8160 S.W. 192ND STREET  
City-St-Zip: MIAMI, FL 33157

Title: MGR      ( ) Change (X) Addition  
Name: DAKICH, THOMAS P  
Address: 151 N. DELAWARE STREET, SUITE 1510  
City-St-Zip: INDIANAPOLIS, IN 46204

Title: MGR      ( ) Change (X) Addition  
Name: SCIALLA, GINA  
Address: 7908 3RD AVE., SUITE 201  
City-St-Zip: BROOKLYN, NY 11209

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: JOHN P. SCAFIDI

MGR

09/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date