

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000023768

Entity Name: FIREMEN FRANKS LLC

FILED
Mar 15, 2006
Secretary of State

Current Principal Place of Business:

1 ALDER AVE.
FORT WALTON BEACH, FL 32548

New Principal Place of Business:

Current Mailing Address:

PO BOX 1263
MARY ESTHER, FL 32569

New Mailing Address:

217 PAGE BACON RD
SUITE 4
MARY ESTHER, FL 32569

FEI Number: 20-0925271

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MATHENY, WILLIAM F
40 SOLAR STREET
MARY ESTHER, FL 32569 US

Name and Address of New Registered Agent:

MATHENY, WILLIAM F
PO BOX 1263
MARY ESTHER, FL 32569 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:

03/15/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: MATHENY, WILLIAM F
Address: 40 SOLAR STREET
City-St-Zip: MARY ESTHER, FL 32569

Title: MGR () Delete
Name: CROWDER, FRANK P JR.
Address: 2 CORAL COURT
City-St-Zip: FORT WALTON BEACH, FL 32548

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: MATHENY, WILLIAM F
Address: PO BOX 1263
City-St-Zip: MARY ESTHER, FL 32569

Title: MGR (X) Change () Addition
Name: CROWDER, FRANK P JR.
Address: 2 CORAL COURT
City-St-Zip: FT WALTON BEACH, FL 32548

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: WILLIAM F MATHENY

MGR

03/15/2006

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