
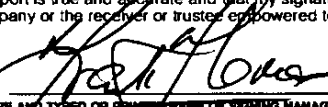


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 29, 2007 8:00 am
Secretary of State

08-29-2007 90039 012 ****50.00

DOCUMENT # L04000045245 1. Entity Name FRANKLY CONSULTING LLC					
Principal Place of Business 8390 CHAMPIONS GATE BLVD. STE 314 STE 300 CHAMPIONS GATE, FL 33896			Mailing Address 8390 CHAMPIONS GATE BLVD. STE 314 STE 300 CHAMPIONS GATE, FL 33896		
2. Principal Place of Business - No P.O. Box # 8390 Champions Gate Blvd Suite, Apt. #, etc. 100		3. Mailing Address 8390 Champions Gate Blvd Suite, Apt. #, etc. 100			
City & State Champions Gate FL		City & State Champions Gate FL		4. FEI Number 22-3757816	
Zip 33896		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent THOMAS, FRANK 8390 CHAMPIONS GATE BLVD. STE 300 CHAMPIONS GATE, FL 33896			7. Name and Address of New Registered Agent Name Thomas Frank Street Address (P.O. Box Number is Not Acceptable) 8390 Champions Gate Blvd Suite 100 City Champion Gate FL		
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) Signature, typed or printed name of registered agent and title if applicable. DATE _____					
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM THOMAS, FRANK 8390 CHAMPIONS GATE BLVD. STE 314 CHAMPIONS GATE, FL 33896	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition STE 100	
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	
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	
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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 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: 			FRANK W. THOMAS		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date 7/21/07 Daytime Phone # 407-396-4004		