2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L05000001366

1. Entity Name
FRANKLIN LEGAL, PL

Principal Place of Business	Mailing Address
ATTN: TIMOTHY S. FRANKLIN 418 SEAGATE AVENUE NEPTUNE BEACH, FL 32266	ATTN: TIMOTHY S. FRANKLIN 418 SEAGATE AVENUE NEPTUNE BEACH, FL 32266

DO NOT WRITE IN THIS SPACE

01302006 No Chg-LLC   CR2E083 (11/05)

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANKLIN, TIMOTHY S ESQ
418 SEAGATE AVENUE
NEPTUNE BEACH, FL 32266

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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_____

Signature, typed or printed name of registered agent and title if applicable   (NOTE Registered Agent signature required when reinstating)   DATE

Filing Fee is $50.00
Due by May 1, 2006

9.	MANAGING MEMBERS/MANAGERS
TITLE	MGR
NAME	FRANKLIN, TIMOTHY S ESQ
STREET ADDRESS	418 SEAGATE AVENUE
CITY-ST-ZIP	NEPTUNE BEACH, FL 32266
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
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CITY-ST-ZIP	

U000000419019
02/14/06-80030-018 $0.00

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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: _____ MGR . Tim FRANKLIN   2/1/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #