## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

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## FILED Apr 25, 2006 8:00 am Secretary of State

DOCUMENT # L05000014846  1. Entity Name FRANKLIN FIELD BUSINESS CENTER, LLC				Secretary of State 04-10-2006 90045 011 ****50.00				
Principal Plac	e of Business	Mailing Address		-				
31 SARASOTA CENTER BOULEVARD SARASOTA, FL 34240			31 SARASOTA CENTER BOULEVARD SARASOTA, FL 34240					
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2. Principal Place of Business  Suite, Apt. #, etc.  City & State		3. Mailing Address	3. Mailing Address  Suite, Apt. #, etc.  City & State					
		Suite, Apt. #, etc.			02172006 Chg-LLC CR2E083 (11/05)			
		City & State			5/2240	1C)	Applied Fo	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$5.00 A	dditional	
	5. Name and Address of Curre	nt Registered Agent	1	7. Name and	Address of New Ro		90	
			Name					
200 SOUT	, E. JOHN II TH ORANGE AVENUE DTA, FL 34236		Street Addres		s (P.O. Box Number Is Not Acceptable)			
CANONOC	777, TE 07200							
			City			FL Zip Co	de	
SIGNATURE	Sonetive, hond or printed name of registered ago	ent and title if applicable (NC	OTE Registered Agent signature rec	quiled when (evistaling)	Make	DATE		
SIGNATURE		ent and title if applicable (NC	OTE: Regulared Agent signature re	quied when remitting)		DATE  check payable to Department of Sta	ite	
SIGNATURE	Soneture, howed or printed name of registered ap- liting Pee is \$50.00 tue by May 1, 2006	BERS/MANAGERS	10.	quied when revisiting)		e check payable to Department of Sta		
SIGNATURE P D	Soneture, typed of printed name of registered ap liling Pee is \$50.00 ue by May 1, 2006  MANAGING MEM TRESIDENT MAN	BERS/MANAGERS	10.	divised supen (englasing)	Florida	e check payable to Department of Sta	nte A4	
SIGNATURE	Soneture, howed or printed name of registered applications of the by May 1, 2006  MANAGING MEM  TRESIDENT MAN  MICHAEL 2:1 E-008	BERS/MANAGERS	10.	dineq ayen (englating)	Florida	e check payable to Department of Sta		
SIGNATURE  P.  9.  TITLE  NAME	Soneture, typed of printed name of registered ap liling Pee is \$50.00 ue by May 1, 2006  MANAGING MEM TRESIDENT MAN	BERS/MANAGERS  JAGEN Dolon  E  NTER BLUD	10. , TITLE , NAME	(Quied when remaining)	Florida	e check payable to Department of Sta		
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Soneture, howed or printed name of registered applications of the by Many 1, 2006  MANAGING MEM  PESIDENT/MAN  MICHAEL 2: LEPOE  31 SARAGOTA CES	BERS/MANAGERS	10. ITITLE NAME STREET ADDRESS	quied when revealed)	Florida	e check payable to Department of Sta		
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I hereby certify that the information supplied with this filing dees not qualify for the exemptions contained in Chapter 119, Florida Statutes, I further certify that the information indicated on this report is the and accordice and contrained and accordice and each right of the limited liability company or the receipts or trustle empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE

RGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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