

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000020987

Entity Name: 1806 N. FRANKLIN, LLC

FILED
Apr 22, 2008
Secretary of State

Current Principal Place of Business:

3904 CORPOREX PARK DRIVE
SUITE 150
TAMPA, FL 33619

New Principal Place of Business:

1806 N FRANKLIN ST.
TAMPA, FL 336022234

Current Mailing Address:

3904 CORPOREX PARK DRIVE
SUITE 150
TAMPA, FL 33619

New Mailing Address:

1806 N FRANKLIN ST.
TAMPA, FL 336022234

FEI Number: 20-2700185

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BASEM, ALI | MGRM
3904 CORPOREX PARK DRIVE
TAMPA, FL 33619 US

Name and Address of New Registered Agent:

BASEM, ALI | MGRM
1806 N FRANKLIN ST.
TAMPA, FL 336022234 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: BASEM ALI

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM (X) Delete
Name: ELSHEIKH, MUHHAMED A
Address: 2308 WEST JETTON AVENUE
City-St-Zip: TAMPA, FL 33629

Title: MGRM () Delete
Name: ALI, BASEM
Address: 3904 CORPOREX PARK DRIVE
City-St-Zip: TAMPA, FL 33619

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ALI, BASEM
Address: 1806 N FRANKLIN ST.
City-St-Zip: TAMPA, FL 336022234

I hereby certify that the information supplied with this filing does not qualify 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: BASEM ALI

MGRM

04/22/2008

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