


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L05000084315</b> 1. Entity Name 514 FRANKLIN LLC	
--	---

Principal Place of Business 518 NORTH TAMPA STREET TAMPA, FL 33602	Mailing Address 518 NORTH TAMPA STREET TAMPA, FL 33602
--	--



04182007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 46-1730338	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
---	--

6. Name and Address of Current Registered Agent  FULLER, JEFFREY M 400 NORTH ASHLEY DRIVE, SUITE 1500 TAMPA, FL 33602
---

**DO NOT WRITE  
IN THIS SPACE**

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) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKS, BRENDA D 518 NORTH TAMPA STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKS, JEFF 518 NORTH TAMPA STREET TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLO, NANCY 2608 MORRISON AVE. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM POLO, DAVID 2608 MORRISON AVE. TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000743868  
05/15/07-60125-017 50.00

**DO NOT WRITE  
IN THIS SPACE**

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:  BRENDA D. HICKS 4-27-07 813-223-9111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #