

# 2007 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED

2007 APR 30 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04162007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-4166495** Applied For  
Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

<b>DOCUMENT # L06000007728</b> 1. Entity Name <b>FRANCHISE SELECT, LLC</b>				
Principal Place of Business <b>142 S. OBRIEN ST. TAMPA, FL 33609 US</b>		Mailing Address <b>142 S. OBRIEN ST. TAMPA, FL 33609 US</b>		
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>		
<b>FAULKNER, CAROLYN</b> <b>142 S. OBRIEN ST.</b> <b>TAMPA, FL 33609</b>		Name  Street Address (P.O. Box Number is Not Acceptable)  City <span style="float: right;"><b>FL</b></span> Zip Code		

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 \_\_\_\_\_

<b>Amended AR is \$50.00</b>		<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <b>FAULKNER, CAROLYN</b> <input type="checkbox"/> Delete <b>142 S. OBRIEN ST.</b> <b>TAMPA, FL 33609</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition  <b>MGRM</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>NORA Lee SMITH</b> <b>16130 COUNTRY CROSSING Dr.</b> <b>TAMPA FL 33624</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition  <b>800102200048</b> <b>05/11/07--01009--005 **\$5.00</b>
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:** *Carolyn Faulkner* 4-15-07 (1-866-483-8103)

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