

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035634

**FILED**  
**Apr 30, 2007**  
**Secretary of State**

**Entity Name:** 719 FRANKLIN, LLC

**Current Principal Place of Business:**

719 FRANKLIN ST.  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

1609 E. 5TH  
#1  
TAMPA, FL 33605

**New Mailing Address:**

P.O. BOX 76262  
TAMPA, FL 33675

**FEI Number:** 20-5300715

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BAILEY, DAVID  
1609 E. 5TH AVE.  
#1  
TAMPA, FL 33605 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: DAVID, BAILEY  
Address: 1609 E. 5TH AVE., #1  
City-St-Zip: TAMPA, FL 33605

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

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

Title: MGR ( ) Change (X) Addition  
Name: CAMILLE, RENSHAW  
Address: 1610 N. WESTMORELAND DR.  
City-St-Zip: ORLANDO, FL 32804

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: DAVID BAILEY

MGR

04/30/2007

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