2008 LIMITED LIABILITY COMPANY ANNUAL REPORT **DOCUMENT # L06000058620** 1. Entity Name FRANKY PROPERTIES I, LLC Principal Place of Business Mailing Address 199 NW 9TH STREET 199 NW 9TH STREET BOCA RATON, FL 33432 BOCA RATON, FL 33432

FILED Mar 28, 2008 08:00 Al Secretary of State



02062008 No Chg-LLC

DO NOT WRITE IN THIS SPACE

CR2E083 (12/07)

Fee Required

4. FEI Number	 Applied For
51-0590289	Not Applicable
& Cartificate of Status Desired	 \$5.00 Additional

DATE

<u> HAAAAAA79229</u>

5. Name and Address of Current Registered Agent

FRANKY, HENRY 199 NW 9TH STREET BOCA RATON, FL 33432

the obligations of registered agent,

FILE NOWIII FEE IS \$138.75

SIGNATURE

SIGNATURE:

RINTED NAME OF S

DO NOT WRITE IN THIS SPACE

3-26-08

Daytime Phone #

After May	y 1, 2008 Fee will be \$538.75	04/10/08-8007D-002 138.75
9.	MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS	MGRM FRANKY, HENRY 9485 NW 1ST STREET	
CITY-ST-ZiP	CORAL SPRINGS, FL 33071	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-SI-ZIP		
11. I hereby indicated limited lis	certify that the information supplied with this filing does not qualify for it on this report is true and accurate and that my signature shall have the ability company of the receiver or trustee empowered to execute this re	ne exemptions contained in Chapter 119, Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am a managing member or manager of the port as required by Chapter 608, Florida Statutes.

ING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

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 Fiorida. I am familiar with, and accept

(NOTE: Registered Agent argnature required when reinstating)