FILED
Jul 20, 2007 8:00 am
Secretary of State
05-18-2007 90221 026 ****50.00

5/
5/
5/

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000093272

1. Entity Name
FRANKS TOWING "LLC"

30011929

Principal Place of Business	Mailing Address
5660 DOGWOOD WAY NAPLES, FL 34116 US	6017 PINE RIDGE RD SUITE 339 NAPLES, FL 34119 US

01042007 Chg-LLC CR2E083 (12/05)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc. SAME	Suite, Apt. #, etc. SAME
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0606364 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of new Registered Agent
NAGY, FRANK J 5660 DOGWOOD WAY NAPLES, FL 34116	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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: FJ Nagy 5-1-07
Signature, name or printed name of registered agent and title of capacity. NOTE: Registered Agent signature required when name/address DATE

Filing Fee is $60.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS	10. ADDITIONS / CHANGES
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP: Frank Nagy, 5660 Dogwood Way, Naples FL 34116 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE: MANAGING MEMBER / NAME: FRANK NAGY / STREET ADDRESS: 5660 DOGWOOD WAY / CITY-ST-ZIP: NAPLES FL 34116 ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP ☐ Delete	☐ Change ☐ 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: FJ Nagy
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED HEREIN, MEMBER/MGR OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #