

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000057018

FILED
Apr 29, 2008
Secretary of State

Entity Name: FRANKLIN BELL REALTY LLC

Current Principal Place of Business:

1507 LAKELAND HILLS BLVD.
STE 109
LAKELAND, FL 33805

New Principal Place of Business:

Current Mailing Address:

1507 LAKELAND HILLS BLVD.
STE 109
LAKELAND, FL 33805

New Mailing Address:

FEI Number: 26-0260348

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KING, ROBERT D
1507 LAKELAND HILLS BLVD.
STE 109
LAKELAND, FL 33805 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: MGRM () Delete
Name: KING, ROBERT D
Address: 1507 LAKELAND HILLS BLVD. STE 109
City-St-Zip: LAKELAND, FL 33805 US

Title: MGR () Delete
Name: RAMOS, ALICIA F
Address: 1507 LAKELAND HILLS BLVD. STE 109
City-St-Zip: LAKELAND, FL 33805 US

Title: MGR () Delete
Name: HUBSCHMAN, MICHAEL
Address: 825 N GRANDVIEW AVENUE
City-St-Zip: DAYTONA BEACH, FL 32118 US

ADDITIONS/CHANGES:

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

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

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

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: ALICIA RAMOS

MGR

04/29/2008

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