FILED
Feb 28, 2008 8:00 am
Secretary of State

1

01-16-2008 90052 005 ***138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000060055

1. Entity Name
FRANKFORD PROPERTIES, LLC

5000071J

Principal Place of Business	Mailing Address
33 COCO COURT MIRAMAR BEACH, FL 32550	33 COCO COURT MIRAMAR BEACH, FL 32550

01122008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1826 FRANKFORD AVE	182 FRANKFORD AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: PANAMA CITY FL	City & State: PANAMA CITY FL
Zip: 32405 Country:	Zip: 32405 Country:

4. FEI Number: 26-0459898 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

GILLESPIE, JEROMEY
33 COCO COURT
MIRAMAR BEACH, FL 32550

7. Name and Address of New Registered Agent

Name:
Street Address (P.O. Box Number is Not Acceptable): 1826 FRANKFORD AVE
City: PANAMA CITY FL Zip Code: 32405

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 ______________ 1/13/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GILLESPIE, JEROMEY 1826 FRANKFORD AVE PANAMA CITY, FL 32405 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: ______________ 1/13/08 850-785-4831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #