

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90030 040 ***138.75

00001403



DOCUMENT # L07000104334	
1. Entity Name FRANNY'S, LLC	



Principal Place of Business 8 BROADWAY SUITE 218 KISSIMMEE, FL 34741 US	Mailing Address 8 BROADWAY SUITE 218 KISSIMMEE, FL 34741 US
--	--

2. Principal Place of Business - No P.O. Box # 202 BROADWAY Suite, Apt. #, etc.	3. Mailing Address 202 BROADWAY Suite, Apt. #, etc.
---	---

City & State KISSIMMEE, FLORIDA Zip 34741 Country US	City & State KISSIMMEE, FLORIDA Zip 34741 Country US
--	--

01112008 Chg-LLC CR2E083 (12/06)

4. FEI Number 41-2257889	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
---	--------------------------------

6. Name and Address of Current Registered Agent PARSONS, RAY C 8 BROADWAY SUITE 218 KISSIMMEE, FL 34741	
---	--

7. Name and Address of New Registered Agent Name RAY C. PARSONS Street Address (P.O. Box Number is Not Acceptable) 202 BROADWAY City KISSIMMEE FL Zip Code 34741	
--	--

I, the above named entity, submit 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	DATE 4.23.08
-----------	--------------

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	MGR PARSONS, RAY 8 BROADWAY KISSIMMEE, FL 34741 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	202 BROADWAY KISSIMMEE FL 34741 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:	DATE 4.23.08
------------	--------------