

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122226

FILED
Aug 06, 2008
Secretary of State

Entity Name: FRANKLIN PLACE FLORIDA, LLC

Current Principal Place of Business:

300 S.E. 5TH AVENUE, UNIT 3080
BOCA RATON, FL 33432

New Principal Place of Business:

C/O JEFFREY DANNENBERG, 104 WEST 40TH ST.
20TH FLOOR
NEW YORK, NY 10018

Current Mailing Address:

300 S.E. 5TH AVENUE, UNIT 3080
BOCA RATON, FL 33432

New Mailing Address:

C/O JEFFREY DANNENBERG, 104 WEST 40TH ST.
20TH FLOOR
NEW YORK, NY 10018

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

UNITED CORPORATE SERVICES, INC.
9200 SOUTH DADELAND BLVD.
SUITE 508
MIAMI, FL 33156 US

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: MICHAEL A. BARR, PRESIDENT

08/06/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR Change (X) Addition
Name: KISLIN, LUDMILA MGRM
Address: C/O JEFFREY KESTENBAUM, 104 WEST 40TH ST.
City-St-Zip: NEW YORK, NY 10018 US

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: LUDMILA KISLIN

MGRM

08/06/2008

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