


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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FILED

99 APR 14 PM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>
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1 Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L93000000328</b> <b>JIM FRANKLIN'S QUICK PICK-UP AND DELIVERY</b> <b>L.C.</b> <b>515 APOLLO BEACH BLVD.</b> <b>APOLLO BEACH FL 33572</b>
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1a. Principal Place of Business Address <b>515 APOLLO BEACH BLVD.</b> <b>APOLLO BEACH FL 33572</b>
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2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified <b>09/30/1993</b>	3a. State of Formation <b>FL</b>
		4. FEI Number <b>59-3206212</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report <b>04/16/1998</b>	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent <b>FRANKLIN, JAMES M</b> <b>515 APOLLO BEACH BLVD.</b> <b>APOLLO BEACH FL 33572</b>	8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> Zip Code
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent, Accounting Agent, Collector, or Secretary Agent Signature Required with Name of Agent)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	FRANKLIN, JAMES M	515 APOLLO BEACH BLVD.	APOLLO BEACH FL
MEM	FRANKLIN, SARAH J	515 APOLLO BEACH BLVD.	APOLLO BEACH FL

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 \*\*\*\*188.75 \*\*\*\*188.75

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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: James M. Franklin JAMES M. FRANKLIN 4/10/99 813-641-2351  
SIGNATURE AND DATE FOR REGISTERED AGENT OR SECRETARY AGENT REQUIRED WITH NAME OF AGENT