


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90432 009 ****50.00

DOCUMENT # L99000008426

1. Entity Name
FRANCHISE NEXUS, L.L.C.



Principal Place of Business
**419 KELLY ST
 PANAMA CITY BEACH, FL 32413**

Mailing Address
**PO BOX 4823
 FORT WALTON BEACH, FL 32549**

43061036

2. Principal Place of Business
3405 Piedmont Rd. NE

3. Mailing Address
3405 Piedmont Rd. NE

Suite, Apt. #, etc.
Suite 275

Suite, Apt. #, etc.
Suite 275



03082004 Chg-LLC CR2E083 (10/03)

City & State
Atlanta GA

City & State
Atlanta GA

Zip Country
30305-1741

Zip Country
30305-1741

4. FEI Number
59-3609159

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

**LUNSFORD, JOSEPH R
 419 KELLY ST
 PANAMA CITY BEACH, FL 32413**

7. Name and Address of New Registered Agent

Name
Finkelstein and Associates, P.A.

Street Address (P.O. Box Number is Not Acceptable)
27 Fletcher Ave.

City
Sarasota FL

Zip Code
34237

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. **Finkelstein and Associates, P.A.**

SIGNATURE **By: [Signature]** DATE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGRM	LUNSFORD, JOSEPH R	419 KELLY ST	PANAMA CITY BEACH, FL 32413	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
MGR	Thomas L. Cohen	3405 Piedmont Rd.; Ste. 275	Atlanta GA 30305-1741	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I 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 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: **[Signature]** Date **3/7/04** Daytime Phone # **404 812-1700**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE