

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Jan 24, 2004 08:00 AM
Secretary of State**

DOCUMENT # M01000001635

1. Entity Name
ALFRANK LLC



Principal Place of Business
**500 COUNTY RD #1
PALM HARBOR, FL 34683**

Mailing Address
**500 COUNTY RD #1
PALM HARBOR, FL 34683**



01222004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3725061

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FISCH, ALFRED C
500 COUNTY RD #1
PALM HARBOR, FL 34683**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

| | |
|----------------|-------------------|
| TITLE | MGRM |
| NAME | FISCH, ALFRED C |
| STREET ADDRESS | 500 COUNTY RD #1 |
| CITY-ST-ZIP | PALM HARBOR, FL |
| TITLE | MGRM |
| NAME | FISCH, FRANKLIN M |
| STREET ADDRESS | 500 COUNTY RD #1 |
| CITY-ST-ZIP | PALM HARBOR, FL |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

U00000013847
01/26/04-80070-010 50.00

**DO NOT WRITE
IN THIS SPACE**

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:

Franklin M. Fisch

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

Date

Daytime Phone #

1/24/04 727-787-4599

FRANKLIN M. FISCH