


**FILE NOW: Fee after May 1, will be \$588.75**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 203.75	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <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 #M95000000126</b>  FRANKLIN CENTRAL, L.L.C. LIMITED COMPANY 534 FRANKLIN ROAD PONTIAC MI 48341
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1a. Principal Place of Business Address  534 FRANKLIN ROAD PONTIAC MI 48341
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If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business <u>Florida</u>	2a. Mailing Address <u>4644 El mar Drive</u>	3. Date Organized or Qualified <u>05/26/1995</u>	3a. State of Formation <u>MI</u>
City & State <u>Lauderdale by the Sea FL</u>	City & State <u>Lauderdale by the Sea</u>	4. FEI Number <u>38-3229161</u>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip <u>33308</u>	Country <u>USA</u>	5. Date of Last Report <u>02/19/1996</u>	6. Certificate of Status Desired <input type="checkbox"/> No Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  <u>Donald</u>	8. Name and Address of New Registered Agent  Name <u>Donald Tillman</u> Street Address (P.O. Box Number is Not Acceptable) <u>4644 El mar Dr</u> Suite, Apt. #, etc.  City <u>Lauderdale by the Sea</u> FL Zip Code <u>33308</u>
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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 Donald Tillman DATE 3/17/97  
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	KOPIETZ, LINDA	46427 HOUGHTON DRIVE	SHELBY TOWNSHIP MI
MGRM	TILLMAN, DONALD E	8873 CROSBY LAKE ROAD	CLARKSTON MI
MRGM	ALBRIGHT, JIM W	663 RUDGATE	BLOOMFIELD HILLS MI

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\*\*\*203.75 \*\*\*203.75

A. Alan  
3/27/97

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: Linda Kopietz, Member 3/5/97 810338-0702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #