File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY. FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAR 11 AM 10: 12 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Llability Company **DOCUMENT #** M95000000126 1a. Principal Place of Business Address FRANKLIN CENTRAL, L.L.C. LIMITED COMPANY 4644 EL MAR DRIVE 534 FRANKLIN ROAD LAUDERDALE BY THE SEA FL 33308 PONTIAC MI 48341 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 05/26/1995 4. FEI Number ΜI Suite, Apt. #. etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 38-3229161 5. Date of Last Report 6. Certificate of Status Desired Zip Country Zip Country \$8.75 Additional Fee Required 03/27/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name TILLMAN, DONALD Street Address (P.O. Box Number Is Not Acceptable) 4644 ELMAR DRIVE LAUDERDALE BY THE SEA FL 33308 Suite, Apt. #, etc. City Zip Code 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 (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinslating) 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 900002458659--\*\*\*\*188.75 \*\*\*\*188.75

11. Ido 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

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