

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M95000000126

1. Entity Name

FRANKLIN CENTRAL, L.L.C. LIMITED COMPANY

Principal Place of Business

Mailing Address

4628 El Mar Drive  
Lauderdale-by-the-Sea, FL  
33308

5618 Hillsboro Road  
Dauisburg, MI 48350

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

38-3229161

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Donald Tillman  
4628 El Mar Drive  
Lauderdale-by-the-Sea, FL  
33308

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

Don Tillman

4-10-01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

500004161635--5

-05/08/01-01041-023-

\*\*\*\*\*55.00 \*\*\*\*\*55.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Linda Kopietz  
534 Franklin Rd.  
Poncha, MI ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Heather Underwood  
5618 Hillsboro Rd.  
Dauisburg, MI 48350 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Manager  
Kim Radnicki  
3815 Ashbrook Dr.  
Holt, MI 48842 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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:

Heather Underwood

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

4/18/01 (248) 922-3025

Date

Daytime Phone #

CR2E083 (11/00)