

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 23 AM 10:08

1. Name of Limited Partnership

1a. DOCUMENT #
A01318

FRANKLIN ARMS EAST, LIMITED



Mailing Address 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE FL 32205		Principal Office Address 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE FL 32205		3. Date Formed or Registered 10/08/1970	5a. Capital Contributions as Shown on record. \$900.00
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		3a. Date of Last Report 01/02/1998	
				4. State or Country of Formation FL	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6. FEI Number 59-1347933	

9. Name and Address of Current Registered Agent CRAVEY, JERRY R. 4000 B ST. JOHNS AVE. STE 22 JACKSONVILLE FL 32205		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) 300002741749--3 Suite, Apt. #, etc. -01/14/99--01075--009 City ****141.25 Zip Code FL	
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10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
WALTON, WILLIAM H., JR.	3811 MCGIRTS BLVD.	JACKSONVILLE FL	370096
WEED, J.D., JR.	4334 MCGIRTS BLVD.	JACKSONVILLE FL	
FRANKLIN ARMS, INC.	P. O. BOX 1588 N	JACKSONVILLE FL	

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE *[Signature]* DATE **12/18/98**

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (8/98)