

2001 UNIFORM BUSINESS REPORT (UBR)

0000470 AF

DOCUMENT # A01318
1. Entity Name
 FRANKLIN ARMS EAST, LIMITED

FILED

01 FEB 16 AM 9:10

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business **Mailing Address**
 4000 B ST. JOHNS AVE. 4000 B ST. JOHNS AVE.
 STE 22 STE 22
 JACKSONVILLE FL 32205 JACKSONVILLE FL 32205

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 59-1347933 **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 CRAVEY, JERRY R.
 4000 B ST. JOHNS AVE.
 STE 22
 JACKSONVILLE FL 32205

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 _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

9. Capital Contributions as Shown on record. \$900.00

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	
NAME	WALTON, WILLIAM H., JR.
STREET ADDRESS	3811 MCGIRTS BLVD.
CITY-ST-ZIP	JACKSONVILLE FL
DOCUMENT #	
NAME	WEED, J.D., JR.
STREET ADDRESS	4334 MCGIRTS BLVD.
CITY-ST-ZIP	JACKSONVILLE FL
DOCUMENT #	370096
NAME	FRANKLIN ARMS, INC.
STREET ADDRESS	P. O. BOX 1588 N/A
CITY-ST-ZIP	JACKSONVILLE FL
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	500003745815--0
CITY-ST-ZIP	02/21/01 01036 013
STREET ADDRESS	****141.25 ****141.25
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: _____ **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER** **02/14/01** **904-308-2225**
 Date Daytime Phone #

CR2E003 (11/00)