

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # A01318**

1. Entity Name  
**FRANKLIN ARMS EAST, LIMITED**



Principal Place of Business

**4000 B ST. JOHNS AVE.  
STE 22  
JACKSONVILLE, FL 32205**

Mailing Address

**4000 B ST. JOHNS AVE.  
STE 22  
JACKSONVILLE, FL 32205**



04282006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-1347933**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CRAVEY, JERRY R.  
4000 B ST. JOHNS AVE.  
STE 22  
JACKSONVILLE, FL 32205**

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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  
STREET ADDRESS  
CITY-ST-ZIP  
**WALTON, WILLIAM H., JR.  
3811 MCGIRTS BLVD.  
JACKSONVILLE, FL**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**WEED, J.D., JR.  
4334 MCGIRTS BLVD.  
JACKSONVILLE, FL**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**370096  
FRANKLIN ARMS, INC.  
P. O. BOX 1588 N/A  
JACKSONVILLE, FL**

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000559518  
05/18/06-80002-012 500.00

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

Date

Daytime Phone #

4/28/06

904-388-2225

STAPLE CHECK HERE