

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Apr 24, 2008 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**



04212008 No Chg-LP

CR2E003 (12/06)

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

**WALTON, WILLIAM H JR
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

000000919047
05/13/08-80108-001 500.00

FILE NOW!!! FEE IS \$500.00
After May 1, 2008, 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
	L07000107281	PARTNERSHIP MANAGER, L.L.C.	4000-B ST. JOHN'S AVENUE, SUITE 22 JACKSONVILLE, FL 32205
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
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**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:

W.H. Walton Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE