

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 OCT 10 PM 2:15



1. Name of Limited Partnership	1a. DOCUMENT # A93000000993
FRANK FAMILY LIMITED PARTNERSHIP	

Mailing Address 2595 STATE ROAD 584 SUITE O PALM HARBOR FL 34684	Principal Office Address 2595 STATE ROAD 584 SUITE O PALM HARBOR FL 34684	3. Date Formed or Registered 09/29/1993	5a. Capital Contributions as Shown on record \$140,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 10/23/1995	5b. Amount of Capital Contributions in FLORIDA to date
Suite, Apt #, etc.	Suite, Apt #, etc.	4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
City & State	City & State	6. FEI Number 59-3206105	
Zip	Country	Zip	Country
		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Make check payable to Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent GASSMAN, ALAN S ESQ. 1212 COURT STREET, SUITE B CLEARWATER FL 34616	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt #, etc. City FL Zip Code
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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
FRANK, MICHAEL O	2595 STATE ROAD 584	PALM HARBOR FL 34684	
FRANK, MAXINE D	2595 STATE ROAD 584	PALM HARBOR FL 34684	

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 *Michael O Frank* DATE **10/6/96**
Typed or Printed Name of General Partner Signing Form **MICHAEL O. FRANK** Daytime Telephone Number **(813) 784 2995**

CR2E003 (6/96)