


**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY SEPTEMBER 8, 2004**

|   |  |   |
|---|--|---|
| <b>DOCUMENT # A93000000993</b>                            |  |  |
| 1. Entity Name<br><b>FRANK FAMILY LIMITED PARTNERSHIP</b> |  |   |

|  |  |
|--|--|
| Principal Place of Business<br><b>2595 STATE ROAD 584<br/>SUITE Q<br/>PALM HARBOR FL 34684</b> | Mailing Address<br><b>2595 STATE ROAD 584<br/>SUITE Q<br/>PALM HARBOR FL 34684</b> |
|--|--|

|   |   |
|---|---|
| 2. Principal Place of Business<br><b>3002 JASON COURT</b> | 3. Mailing Address<br><b>3002 JASON COURT</b> |
| Suite, Apt. #, etc.                                       | Suite, Apt. #, etc.                           |
| City & State<br><b>Clearwater, FL</b>                     | City & State<br><b>Clearwater FL</b>          |
| Zip<br><b>33761-1420</b>                                  | Country<br><b>USA</b>                         |

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**08/27/04**  
**04 AUG 12 PM 1:37**



|  |  |
|--|--|
| MOORE  | CR2E003 (4/04)   |
| 4. FEI Number<br><b>59-3206105</b>                           | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/> | <b>\$8.75</b> Additional Fee Required                  |

|  |  |
|--|--|
| 6. Name and Address of Current Registered Agent<br><b>GOTTFRIED, WILLIAM E<br/>1435 GULF TO BAY BLVD., SUITE C<br/>CLEARWATER FL 33755</b> |  |
|--|--|

|  |          |
|--|----------|
| 7. Name and Address of New Registered Agent        |          |
| Name   |          |
| Street Address (P.O. Box Number is Not Acceptable) |          |
| City   |          |
| <b>FL</b>  | 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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

|   |   |
|---|---|
| 9. Capital Contributions as Shown on record.<br><b>\$140,000.00</b> | 10. Amount of Capital Contributions in FLORIDA to date. |
|---|---|

**11. FILE NOW!!! Due by September 8, 2004!**  
See Block 11 instructions for fee info. If first notice was not received, check box and do not include \$400 late fee. ☒

**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 |                | 13. ADDRESS CHANGES ONLY |  |
|---------------------------------|----------------|--------------------------|--|
| DOCUMENT #                      | NAME           | STREET ADDRESS           |  |
|                                 | STREET ADDRESS |                          |  |
|                                 | CITY-ST-ZIP    |                          |  |
| DOCUMENT #                      | NAME           | STREET ADDRESS           |  |
|                                 | STREET ADDRESS |                          |  |
|                                 | CITY-ST-ZIP    |                          |  |
| DOCUMENT #                      | NAME           | STREET ADDRESS           |  |
|                                 | STREET ADDRESS |                          |  |
|                                 | CITY-ST-ZIP    |                          |  |
| DOCUMENT #                      | NAME           | STREET ADDRESS           |  |
|                                 | STREET ADDRESS |                          |  |
|                                 | CITY-ST-ZIP    |                          |  |
| DOCUMENT #                      | NAME           | STREET ADDRESS           |  |
|                                 | STREET ADDRESS |                          |  |
|                                 | CITY-ST-ZIP    |                          |  |
| DOCUMENT #                      | NAME           | STREET ADDRESS           |  |
|                                 | 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:** Michael O. Frank President **8-10-04** **727 784 7874**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #