## 2007 LIMITED PARTNERSHIP ANNUAL REPORT

## **FILED** Due By May 1, 2007 Jan 18, 2007 08:00 AM DOCUMENT # A9400000035 **Secretary of State** FRANZBLAU EQUITIES, LTD. Principal Place of Business Mailing Address 5401 HANGAR COURT 5401 HANGAR COURT TAMPA, FL 33634 TAMPA, FL 33634 01042007 No Chq-LP CR2E003 (12/06) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3221228 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FRANZBLAU, ROBERT M DO NOT WRITE 5401 HANGAR COURT TAMPA, FL 33634 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable HDD000590822 D1/18/07-89071-009 500.00 FILE NOW!!! FEE IS \$500.00 After May 1, 2007, 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 ₹ FRANZBLAU, ROBERT M NAME STREET ADDRESS 5401 HANGAR COURT CITY-ST-ZIP TAMPA, FL 33634 DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP DOCUMENT #

boes not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information nature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership a required by Chapter 620, Florida Statutes indicated on this report is true and accurate the receiver or trustee empowered to ecute th reportary required by SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

ation supplied with this filing and accutate and that my sid

NAME STREET ADDRESS CITY-ST-ZIP

14. I hereby certify that the infd