2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR

## A9400000035 **DOCUMENT #**



1. Entity Name 03 JAN 15 PM 12: 10 FRANZBLAU EQUITIES, LTD. SECRETARY OF STATE TALE:AHASSEE, FLORIDA Principal Place of Business 5401 HANGAR COURT Mailing Address 5401 HANGAR COURT TAMPA FL 33634 TAMPA FL 33634 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. **DUE BY MAY 1, 2003** City & State City & State 4. FEI Number 59-3221228 Applied For Not Applicable Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRANZBLAU. ROBERT M 5401 HANGAR COURT Street Address (P.O. Box Number is Not Acceptable) TAMPA FL 33634 City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 10. Amount of Capital Contributions 250,000 9. Capital Contributions \$5,000,000.00 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE as Shown on record. SEE REVERSE SIDE FOR FEE INFORMATION 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 FRANZBLAU, ROBERT M STREET ADDRESS STREET ADDRESS 5401 HANGAR COURT CITY-ST-ZIP **TAMPA FL 33634** CITY-ST-ZIP DOCUMENT # 100010133161 NAME STREET ADDRESS 01/15/03--01070--001 \*\*526 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT A NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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14. I hereby certify that the information/supplied with this filing does not qualfy 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 laccurate 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