## FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

## LIMITED PARTNERSHIP ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT#** A94000000418

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

98 DEC -7 PM 2:21

ANKLIN FAMILY PARTNERSHIP, LTD.	

FRANKLIN FAMILY PARTNERSH	IP, LTD.					
Mailing Address	Principal Office Address		3, Date Formed or Registered	5a. Capital Contributions as Shown on record.		
C/O L.A. FRANKLIN COMPANIES 5144 CENTRAL AVE.	C/O L.A. FRANKLIN COMPANIES 5144 CENTRAL AVE.		03/30/1994 3a. Date of Last Report	\$1,000.00		
ST. PETERSBURG FL 33707	ST. PETERSBURG FL 33707		12/19/1997  4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:		
2. Mailing Address	2a. Principal Office Address		FL	世1,000.00		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 59-3278279	Applied For Not Applicable		
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional		
Zip Country	Zip Country			Fee Required  8. Make check payable to: Dept. of State (See reverse side for fee information)		
			40			
9. Name and Address of Current Reg	gistered Agent	Name	10. If changed, new Registered	Agent/Office		
Franklin, Larry A			ss (P.O. Box Number Is Not Acceptable)	Box Number Is Not Acceptable)		
C/O L.A. FRANKLIN COMPANIES						
5144 CENTRAL AVE.	Suite, Apt. #, etc.		, etc.			
ST. PETERSBURG FL 33707	City FL Zip Code					
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 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 (Do NOT Use Post Office Box	Partner (Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number		
LA. FRANKLIN COMPANIES			ST. PETERSBURG FL 337	J91375 CR2E003 (8/98)		
4			2000027 -12/09/ ****14	707962 1 9801106002		
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 220, Florida Statutes.						
SIGNATURE MALE 11/9/98						

Typed or Printed Name of General Partyler Signing Form

Daytime Telephone Number