

2000 UNIFORM BUSINESS REPORT (UBR)

CR2E003 (9/99)

DOCUMENT # **A94000000418**

1. Entity Name

FRANKLIN FAMILY PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 APR 10 PM 12:59



MJH

DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O L.A. FRANKLIN COMPANIES 5144 CENTRAL AVE. ST. PETERSBURG FL 33707	Mailing Address C/O L.A. FRANKLIN COMPANIES 5144 CENTRAL AVE. ST. PETERSBURG FL 33707-1833
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 59-3278279	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

FRANKLIN, LARRY A
C/O L.A. FRANKLIN COMPANIES
5144 CENTRAL AVE.
ST. PETERSBURG FL 33707

7. Name and Address of New Registered Agent

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

City _____ **FL** 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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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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 # J91375 NAME L.A. FRANKLIN COMPANIES STREET ADDRESS 5144 CENTRAL AVE. CITY - ST - ZIP ST. PETERSBURG FL 33707

13. ADDRESS CHANGES ONLY
STREET ADDRESS
CITY - ST - ZIP
STREET ADDRESS
CITY - ST - ZIP
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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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

April 5, 2000 **727 321-3662**
Date Daytime Phone #