2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A9600001888							4 Am	
MARY SUE FRANK INVESTMENTS, LTD.					FILED			
Principal Place of Business Mailing Address 2611 BAYSHORE BOULEVARD. APT. 907 TAMPA FL 33629 TAMPA FL 33629-7344				PT. 907	00 MAY 30 PM 4: 20 SEGRETARY OF STATE TALBAHASSEE, FLORIDA			
Principal Place of Business 3. Mailing Address								
Suite, Apt.	Suite, Apt. #, etc.	a, Apt. #, etc.		DO NOT WRITE IN THIS SPACE				
City & State		City & State		4. FEI Number	59-3410349	Applied For Not Applicable		
Zip	Country	Country Zip		ntry		of Status Desired		
	6. Name and Address of Current	Registered Agent		Name	7. Name and A	ddress of New Registered	Agent	
. FRANK M	MARY SUE		- -		70 0 .0 .0 .0 .0 .0 			
2611 BAY	SHORE BOULEVARD, APT. 907			Street Address (P.O. Box Number is Not Acceptable)				
TAMPA FL 33629				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. Signature: typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions as Shown on record. 10. Amount of Capital Contributions in FLORIDA to date. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.								
A GENERAL PARTNER THAT IS A BUSINESS ENTIT NOTE: General Partners MAY NOT be changed on the f				1051 BE REGIS 1; an amendme	n amendment must be filed to change a general partner.			
12.	GENERAL PARTNER	RINFORMATION	13.			ADDRESS CHANGES ON	ILY	
DOCUMENT # NAME STREET ADDRESS CITY - ST - ZIP	FRANK, MARY SUE 2611 BAYSHORE BOULEVARD, APT. 907 TAMPA FL 33629			EET ADDRESS				
DOCUMENT# NAME STREET ADDRESS : CITY-ST-ZIP	SCHMIDT, PATRICIA V 8400 SUNSET DRIVE ORLANDO FL 32819			REET ADDRESS	5000032996055 -06/21/0001093015 ****\$26.25 ****\$28.25			
DOCUMENT # NAME STREET ADORESS CITY-ST-ZIP	FRANK, L. ROBERT JR. 2109 SOUTH HESPERIDES STREET TAMPA FL 33629 FRANK, MARY LINDA 330 E. 80TH ST., #4L NEW YORK NY 10021			PET ADDRESS (-St-ZIP	Stage on the			
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP				PEET ADDRESS				
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STREET ADDRESS CITY-ST-ZIP	*			Y∙ST-ZIP			ate at a six a six	
indicated	certify that the information supplied with I on this report is true and accurate and ver or trustee empowered to execute thi	that my.signature shall hav	e,the sam	ie legal offect as if:	section 119.07(3)(i), made under oath; t	. Horida Statutes, i furthe <u>r ce</u> hat Ham a General Partner o	rrity that the information. — f the limited partnership or	

SIGNATURE DE PRINTED NAME OF SIGNING GENERAL PARTYER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTYER

Daytime Phone #