

**2006 LIMITED PARTNERSHIP ANNUAL REPORT (AR)  
DUE BY MAY 1, 2006**


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

06 APR -7 AM 9:16

<b>DOCUMENT # A97000000528</b> 1. Entity Name <b>J &amp; R FRANK INVESTMENTS, LTD.</b>	
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Principal Place of Business <b>3307 LIGHTHOUSE PT. LANE JACKSONVILLE FL 32250</b>	Mailing Address <b>3307 LIGHTHOUSE PT. LANE JACKSONVILLE FL 32250</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

	
1st MOORE CR2E003 (10/05)	
4. FEI Number <b>59-3434465</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

<b>6. Name and Address of Current Registered Agent</b> <b>FRANK, JAMES R 3307 LIGHTHOUSE PT. LANE JACKSONVILLE FL 32250</b>
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<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! Fee is \$500. \*\*\* After May 1, 2006, fee will be \$900. \*\*\* Make check payable to Florida Department of State.**

**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 #	
NAME	<b>FRANK, JAMES R</b>
STREET ADDRESS	<b>3307 LIGHTHOUSE PT. LANE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32250</b>
DOCUMENT #	
NAME	<b>FRANK, RUTH S</b>
STREET ADDRESS	<b>3307 LIGHTHOUSE PT. LANE</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32250</b>
DOCUMENT #	
NAME	<b>FRANK, JAMES R JR.</b>
STREET ADDRESS	<b>336 FIRST ST. SOUTH</b>
CITY-ST-ZIP	<b>JACKSONVILLE BEACH FL 32250</b>
DOCUMENT #	
NAME	<b>FRANK, JOHN B</b>
STREET ADDRESS	<b>7095 HOLLYWOOD BLVD., #544</b>
CITY-ST-ZIP	<b>HOLLYWOOD CA 90028</b>
DOCUMENT #	
NAME	<b>FRANK, MARK S</b>
STREET ADDRESS	<b>1012 RUTH STREET</b>
CITY-ST-ZIP	<b>JACKSONVILLE FL 32250</b>
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	<b>508072427415</b>
CITY-ST-ZIP	<b>04/27/06--01043--022 **588.75</b>
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** James R. Frank March 12/2006 904-821-9405  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE