

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001246

1. Entity Name

FRANKENBACH PROPERTIES LIMITED PARTNERSHIP AGREE

Principal Place of Business
12821 YACHT CLUB CIRCLE
FORT MYERS FL 33919

Mailing Address
12821 YACHT CLUB CIRCLE
FORT MYERS FL 33919

01 MAY -4 PM 12: 15

SECRETARY OF STATE
TALLAHASSEE



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0826338

Applied For

Not Applicable

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Name

KEZER, BONNIE B
12821 YACHT CLUB CIRCLE
FORT MYERS FL 33919

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions*
as Shown on record. \$366,658.00

10. Amount of Capital Contributions
in FLORIDA to date. # 172 138.80

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
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
STREET ADDRESS
CITY-ST-ZIP

KEZER, BONNIE B
12821 YACHT CLUB CIRCLE
FORT MYERS FL 33919

STREET ADDRESS

800004338788-7
-06/01/01--01104--011

****526.25 ****526.25

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

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:

Bonnie B. Kezer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4/30/01 (941) 466-4776
Date Daytime Phone #