2002 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # A9800001246 | | | | | FILED | | |
|---|---|--|---------|------------------------|--|--|--|
| FRANKENBACH PROPERTIES LIMITED PARTNERSHIP AGREE MENT | | | | 02 HAY -3 PM 3: 28 | | | |
| Principal Place of Business 12821 YACHT CLUB CIRCLE FORT MYERS FL 33919 Mailing Address 12821 YACHT CLUB CIRCL FORT MYERS FL 33919 | | | LE | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | | |
| Principal Place of Business 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | | |
| | | | | | DUE BY MAY 1, 2002 | | |
| City & State | | City & State | | | 4. FEI Number 65-0826338 Applied For Not Applicable | | |
| Zip Country | | Zip Country | | itry | 5. Certificate of Status Desired See Required Fee Required | | |
| | 6. Name and Address of Current | Registered Agent | | L 1. L= | 7. Name and Address of New Registered Agent | | |
| WETER ROLLIE R | | | | Name | | | |
| KEZER, BONNIE B 12821 YACHT CLUB CIRCLE | | | | Street Address | t Address (P.O. Box Number is Not Acceptable) | | |
| FORT MYERS FL 33919 | | | | | | | |
| | | | | City FL Zip Code | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | and title if applicable. | ح , | Genes | ored agent, or both, in the State of Florida. DATE 479/07 | | |
| 9. Capital Co as Shown | ווו הארח מתנה ה | 10. Amount of Capite in FLORIDA to da | | butions | 11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION | | |
| | | | | | TERED AND ACTIVE WITH THIS OFFICE. nt must be filed to change a general partner. | | |
| 12. | GENERAL PARTNER | | 13. | · | ADDRESS CHANGES ONLY | | |
| DOCUMENT # NAME | KEZER, BONNIE B 12821 YACHT CLUB CIRCLE FORT MYERS FL 33919 | | STRE | ET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | -ST-ZIP | · | | |
| DOCUMENT # NAME | | | STRE | ET ADDRESS | 3000055781337 -05/22/0201006024 | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | -ST-ZIP | ****526.25 ****526.25 | | |
| DOCUMENT # NAME | e sometimes e | -\- <u>-</u> \- | STRE | EET ADDRESS - | ** | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | - ST- ZIP | | | |
| DOCUMENT # NAME | | | STRE | ET ADDRESS | | | |
| STREET ADDRESS City-St-Zip | | | CITY | -ST-ZIP | | | |
| DOCUMENT# | | | STRE | ET ADDRESS | .> | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | - ST-ZIP | | | |
| DOCUMENT # | | • • | STRE | ET ADDRESS | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY | -ST-ZIP | | | |
| indicated | certify that the information supplied with on this report is true and accurate and rer or trustee empowered to execute this | that my signature shall have t | he same | e legal effect as if r | ection 119.07(3)(i), Florida Statutes. I further certify that the information made under oath; that I am a General Partner of the limited partnership or | | |