


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0003491 SP

DOCUMENT # A98000001648	
1. Entity Name EARL AND FRAN'S LTD. PARTNERSHIP	

FILED

03 SEP 25 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 11381 PROSPERITY FARMS RD., #110 PALM BEACH GARDENS FL 33410	Mailing Address 1211 THE PLAZA SINGER ISLAND FL 33404
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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DUE BY SEPTEMBER 24, 2003	
4. FEI Number 65-0851442	Applied For Not Applicable

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 STEWART, JAMES M 1211 THE PLAZA SINGER ISLAND FL 33404
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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$813,400.00
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10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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 #	
NAME	FRANCES M. STEWART, TRUSTEE
STREET ADDRESS	11381 PROSPERITY FARMS RD.
CITY-ST-ZIP	PALM BEACH GARDENS FL 33410
DOCUMENT #	
NAME	MARGARET ANN STEWART, TRUSTEE
STREET ADDRESS	7684 PRESERVATION ROAD
CITY-ST-ZIP	TALLAHASSEE FL 32312
DOCUMENT #	
NAME	STEWART, MARGARET A
STREET ADDRESS	7684 PRESERVATION ROAD
CITY-ST-ZIP	TALLAHASSEE FL 32312
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	

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09/25/03--01084--006 **526.25

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: 	9/20/03
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	<small>Date Daytime Phone #</small>

CR2E003 (4/03)