

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

06 FEB -8 AM 10:44

**DOCUMENT # A99000001070**

1. Entity Name  
**FRANKBETH LIMITED PARTNERSHIP**



Principal Place of Business  
 7467 OAK MOSS DRIVE  
 SARASOTA, FL 34241

Mailing Address  
 2381 FRUITVILLE RD.  
 SARASOTA, FL 34237

2. Principal Place of Business  
**8400 VAMO RD**

3. Mailing Address

Suite, Apt. #, etc.  
**BAY VILLAGE 1013**

Suite, Apt. #, etc.

01052006 Chg-LP CR2E003 (11/05)

City & State  
**SARASOTA FL**

City & State

4. FEI Number  
**65-0933747**

Applied For  
 Not Applicable

Zip  
**34231**

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PENDER, MICHAEL R  
 C/O CAVANAUGH & CO.  
 2381 FRUITVILLE RD.  
 SARASOTA, FL 34236

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

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

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**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

CARR, FRANK C TRUSTEE  
 7467 OAK MOSS DRIVE  
 SARASOTA, FL 34241

STREET ADDRESS

CITY-ST-ZIP

**BAY VILLAGE 1013**  
**8400 VAMO RD**

**SARASOTA FL 34231**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

CARR, ELIZABETH F TRUSTEE  
 7467 OAK MOSS DRIVE  
 SARASOTA, FL 34241

STREET ADDRESS

CITY-ST-ZIP

**BAY VILLAGE 1013**  
**8400 VAMO RD**

**SARASOTA FL 34231**

DOCUMENT #

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

**800065868068**  
**02/15/06--01006--024 \*\*500.00**

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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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**JAN 10 2006**

Date

Daytime Phone #

STAPLE CHECK HERE