

**2005 LIMITED PARTNERSHIP ANNUAL REPORT  
Due By May 1, 2005**

FILED

2005 APR 12 AM 9:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # A02000001243**

1. Entity Name  
SAVANNA'S P.B. PARTNERSHIP, LTD.



Principal Place of Business  
288 SOUTH COUNTY RD.  
PALM BEACH, FL 33480

Mailing Address  
288 SOUTH COUNTY RD.  
PALM BEACH, FL 33480

2. Principal Place of Business  
375 S. County Rd  
Suite, Apt. #, etc.

3. Mailing Address  
375 S. County Rd  
Suite, Apt. #, etc.

City & State  
Palm Beach, FL


City & State  
Palm Beach, FL

Zip  
33480

Country  
USA

Zip  
33480

Country  
USA



03222005 Chg-LP CR2E003 (10/03)

4. FEI Number  
22-3871409

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

GILDAN, LAURIE L ESQ.  
GREENBERG TRAUIG, P.A.  
777 S. FLAGLER DR., STE. 300 EAST  
WEST PALM BEACH, FL 33401

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


9. Capital Contributions as Shown on record. \$1,000.00

10. Amount of Capital Contributions in FLORIDA to date.

**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 #	L02000021077	STREET ADDRESS	000054207320 <del>05/10/05 01044 026 **141.25</del>
NAME	GC RESTAURANTS, LLC	CITY-ST-ZIP	
STREET ADDRESS	375 S. COUNTY RD	STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH, FL 33480	CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: 

4-5-05 5618320201

Date Daytime Phone #

STAPLE CHECK HERE