## FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1997

THE COVERED DISH, LTD.



FLORIDA DEPARTMENT OF STATE

## Sandra Mortham

Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership

na. DOCUMENT # **A32933** 

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

96 DEC -9 PM 4: 08



### 200 APREUE CAMESTALE FL 2000     Sale Date Of Lass Report   Sale Date Of Lass Report   Sale Date Of Lass Report   Sale Date Of Control of Date Address   Sale Date Of Lass Report   Sale Date Of Control of Date Address   Sale Date Of Control of Date Address   Sale Date Of Lass Report   Sale Date Of Control of Date Of Lass Report   Sale Date	Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.		
2. Mailing Address  3. Mai	•	210 SW 2ND AVNEUE		05/12/1992			
2. Malling Address    28. Principal Office Address   F.	GAINESVILLE FL 32601			l .	5b. Amount of Capital		
Sulfo, Apr. 8, etc.  City & State  To Country  Replaced for Next Applicable in Dept. of State (See reverse socie for fee information)  8, Mane and Address of Current Registered Agent  10, If changed new Registered Agent Acceptable  BRYSON, WILLIAM DOUGLA 210 SW 200 A VENUE  QAINESVILLE F1 32801  State Address of Current Registered Agent  City  FL  To Code  City  City  FL  To Code  City  To Code  City  FL  To Code  City  To Code  City  To Code  City  FL  To Code  City  FL  To Code  City  FL  To Code  City  To				4. State or Country of Formation			
City & State  To Country  Country  Zip  Country  District City A State  To Country  Registered Agent  To District City City City City City City City Cit	Z. Mailing Address	<b>28.</b> Principal Office Address		FL		·	
Tourish Country   Zip							
8. Make check payable to Dept of State (See reverse size for he information)  9. Name and Address of Current Registered Agent  10. If changed new Registered Agent/Office  BRYSON, WILLIAM DOUGLA 210 SW 2ND AVENUE  QAINESVILE FL 32801  Seriel Address (F.O. Box Number is Not Acceptable)  Sold, Apr. 4, etc.  City  FL  7p Code  Typ Code  City  FL  7p Code  Typ Code  Typ Code  Seriel Address (F.O. Box Number is Not Acceptable)  Sold, Apr. 4, etc.  City  FL  7p Code  Typ Code  Typ Code  Sold, Apr. 4, etc.  City  FL  7p Code  Typ Code  Ty	City & State	City & State	Dity & State				
BRYSON, WILLIAM DOUGLA 210 SW 2ND AVENUE GAINESVILLE FL 32801  Side. Apr. 4, etc.  City FL Zip Code  The purpose of changing its registered office or registered agent or both. In the State of Fords. Such change was authorized by its general partners). In the purpose of changing its registered office or registered agent or both. In the State of Fords. Such change was authorized by its general partners). In the purpose of changing its registered office or registered agent or both. In the State of Fords. Such change was authorized by its general partners, I horsely accept the appointment of registered agent 1 am lams far with, and accept the obligations of section 620 192. Fords Statutes.  SIGNATURE (Registered Agent Accepting Appointment)  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY  MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(c) of General Partners)  11a. (point) Take Food Office Both Namebers)  11b. Car, State 8.2ip Code  11c. Registration  Coordinate Number  11b. Car, State 8.2ip Code  11c. Registration  Coordinate Number  11c. Registration  Coordinate Number  11d. (point) Take Food Office Both Namebers)  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. Too ben'by codily that the information supplied with this fairing is voluntarily fundated and does not qualify for the exemption stated in Section 119 (07(30)). Provide Statutes I treesee the Division of coporations from any stately of non-coordinate with Section 19 (07(30)) in the cent that the information supplied is deemed accept that the information indicated on this same appoint is now and cardinate and that may peace to such a special scales. Intuitive cently that the information indicated on this same appoint is now and cardinate and that may peace the Section 19 (07(30)) in the cent that the information supplied is deemed accept that the information indicated on this same appoint is now and cardinate and that may special as a larg	Z <sub>1</sub> p Country	Zip Country		8. Make check payable to: Dept.			
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  Suite, Apt. 8, etc.  Oity  FL. Zip Code  To the purpose of changing is regulated office or regulatered agent or both. In his State of Fords, Such change wes authorated by its general partners), I hereby accept the appointment of regulatered agent at an ibration with, and accept late obligations of section 2019; Piords Statutes.  SIGNATURE General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  DATE  Addition of State General Partners  The State of Pords, Such change wes authorated by its general partners, in the state of Pords, submits the statement of regulatered agent Acceptable partners, and the state of Pords, Such change wes authorated by its general partners, in the state of Pords, submits the statement of regulatered agent Acceptable partners, and the state of Pords, Such change was authorated by its general partners, in the state of Pords, Such change was authorated by its general partners, and the state of Pords, Such change was authorated by its general partners.  SIGNATURE State of Pords State General Partners  The State of Pords State of Pords State General Partners  Such and State of Pords, Such change was authorated by its general partners.  The State of Pords State of Pords State General Partners  SIGNATURE State of Pords State of Pords State General Partners (P.D. Box State General Partners)  Such and State of Pords State of Pords State General Partners (P.D. Box State General Partners)  Such and State of Pords State General Partners (P.D. Box State General Partners)  SIGNATURE State of General Partners (P.D. Box State General Partners (P.D. Box State General Partners)  Such and State General Partners (P.D. Box State General Partners)  Such and State General Partners (P.D. Box State General Partners)  Such and State General Partners (P.D. Box State General Partners)  Such and State General Partners (P.D. Box State General Partners)  Such and	9. Name and Address of Current Registered Agent			10, If changed, new Registered Agent/Office			
210 SW 2ND AVENUE  GANESVILLE FL 32601  Sullo, Apr. #, etc.  Chy  FL  Zip Code  The purpose of changing is replaced folice or rigidated spent of the propose of changing is replaced folice or rigidated spent in the State of Foods. Such Activities of the purpose of changing is replaced folice or rigidated spent in the State of Foods. Such Activities of the purpose of changing is replaced folice or rigidated spent in the State of Foods. Such change was sufficiented by the general partners). The State of Foods spent in the state of Foods agent. In the Information and exact the designation of sections 600 192, Foods Statutes.  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(a) of General Partners).  BRYSON ENTERPRISES, INC.  211 NE 1ST STREET  GAINESVILLE FL  V31412  V31412  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. Los nearby contry, that the information supplied with this limit ju violutionly furnished and does not qualify for the everption state of section 119 07(3)(4). Provide Statutes. I reference the Division of Corporations from any labelity of non-completion cereb section 119 07(3)(4). Provide Statutes. I reference the Division of Corporations from any labelity of non-completion cereb section 119 07(3)(4). Provided Statutes. I reference the Division of Corporations from any labelity of non-completion cereb section 119 07(3)(4). Provided Statutes. I reference the Division of Corporations from any labelity of non-completion cereb section 119 07(3)(4). Provided Statutes. I reference the Division of Corporations from any labelity of non-completion cereb section 119 07(3)(4). Provided Statutes. I reference the Division of Corporations from any labelity of non-completion cereb section 119 07(3)(4). Provided Statutes and Them the reference of the interference of the i	BOYCON WILLIAM DOLICLA			Name			
Total Pursuant to the provisions of sections 670 1251 and 620 129. Founds Statutes, the above-named invited partnership organized or registered under the laws of the State of Plorida, auctivity the statement for the purpose of changing its registered office or regulatered spent, or both. In the State of Florida, Such change was auditorized by its general partners(s) I hereby accept the appointment of registered agent and accept lite exhiptions of section 620 139. Florida Statutes.  **SIGNATURE** (Registered Agent Accepting Appointment)**  **DATE**  **AGENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  11. Name(s) of General Partner(s)**  **Interval Partner(s)**  11. Name(s) of General Partner(s)**  12. Total hereby contyle that the information supplied with this state; is voluntarily furnerled and does not qualify for the exemption stated in Section 119 07(3)(s). Provide Statutes. I release the Division of Corporations from any labelity of non-conspience with Section 119 07(3)(s) in the event that the information supplied to demined general partner.**  12. Total hereby contyle that the information supplied with the state; is voluntarily furnerled and does not qualify for the exemption stated in Section 119 07(3)(s). Provide Statutes. Interest in the state of the interpolation indicated on this state of the state of the state of the interpolation indicated on this granter state there were supplied to demined general partner.**  12. Total hereby contyle that the information supplied with the sta	-		Street Address (P.O. Box Number Is Not Acceptable)				
The component of the provious of sectors 670 1051 and 620 192. Funds Statutes, the above named limited partnership organized or registered under the laws of the State of Portida, submits this statement for the purpose of changing its registered office or registered agent, or both. In the State of Portida, Such change was authorized by its general partner(s) I hordery accept the appointment of registered agent. I am familiar with, and accept the Origidions of section 670 192. Fortida Statutes.    SIGNATURE (Registered Agent Accepting Appointment)	GAINESVILLE FL 32801			Suite, Apt. #, etc.			
10a. Pursuant to the provisions of sections 670 1051 and 620 192. Florids Statutes, the above named limited partnership organized or registered under the laws of the State of Florids, submits this statement for the purpose of changing its registered specific programs of sections (2019). Florids Statutes agent: an above that partnership organized by its general partner(s) 1 hereby accept the epiphriment of registered agent Accepting appointment).  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(c) of General Partner(c) 11a. (policyters) of seath General Partnership Programs (policyters) of seath General Partnership Pr				City Zip Code			
Typed or Printed Name of General Partners  (or the purpose of changing its registered office or orgalizated and that it is a complete agent or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620 192. Florida Statutes.  DATE  A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  11. Name(s) of General Partner(s). 11a. (po NOT Use Post Office Box Numbers). 11b. Chy. State 8 Zip Code. 11c. Registration, Decument Number.  BRYSON ENTERPRISES, INC. 211 NE 1ST STREET. GAINESVILLE FL. V31412  **********************************							
BRYSON ENTERPRISES, INC.  211 NE 1ST STREET  GAINESVILLE FL  V31412  PATE  Note: General partners MAY NOT be changed on this form; an amendment must be filled to change a general partner.  12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(K). Plorida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119 07(3)(K) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this amust report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this paserings required by chapter 620. Florida Statutes.  SIGNATURE  DATE  Desprine Telephone Number	A GENERAL PARTNER THAT	IS A CORPORATION, I	LIMITED D ACTIV	PARTNERSHIP OR OTH		NESS ENTITY	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this paper as required by chapter 620. Florida Statutes.  SIGNATURE  DATE  DATE  DATE  Daytime Telephone Number	11. Name(s) of General Partner(s)	Address of Each General (Do NOT Use Post Office B	al Partner lox Numbers)	11b. City, State & Zip Code	11c.	Registration/ Document Number	
Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.  12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this paper as required by chapter 620. Florida Statutes.  SIGNATURE  DATE  DATE  DATE  Daytime Telephone Number	BRYSON ENTERPRISES, INC.	211 NE 1ST STREET		GAINESVILLE FL	V31412		
12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this paper as required by chapter 620. Florida Statutes.  SIGNATURE  DATE  Description of Corporations from any liability of non-compliance with Section 119.07(3)(k). Florida Statutes in the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this paper as required by chapter 620. Florida Statutes.  SIGNATURE  DATE  Description of Corporations Statutes in the information supplied is deemed exempt from public access. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this paper as required by chapter 620. Florida Statutes.  DATE  DATE  DATE  DATE  Description of Corporation and Indicated on the information indicated on the information indicated on the information indicated on the information supplied is deemed exempt from public access. I further certify that the information indicated on the i	•			500 <u>002</u> -12/12 ****2	0256 795-01 03.75	\$\$65 011084 ****208.75	
Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.  SIGNATURE  DATE  Description of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.  DATE  Description of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620. Florida Statutes.	Note: General partners MAY NO	T be changed on this form	n; an ame	endment must be filed to ch	nange a g	eneral partner.	
Typed or Printed Name of General Partner Signing Form	12. I do hereby certify that the information supplied with Corporations from any liability of non-compliance withis annual report is true and accurate and that my	n this filing is voluntarily furnished and does n ith Section 119.07(3)(k) in the event that the i signature shall have the same legal effects as	ot qualify for the oformation supp	exemption stated in Section 119.07(3)(k), Florid and is deemed exempt from public access. I fur	ia Statutes. I rele ther certify that	ease the Division of he information indicated on	
	SIGNATURE /	803-	A	DATE	12/5	176	
በሰነፍደርን	Typed or Printed Name of General Partner Signing Form			Couting Tolophone Biumber			