

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

LIMITED PARTNERSHIP
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 OCT 29 PM 12:33



1. Name of Limited Partnership

1a. DOCUMENT #
A96000001299

GALAXY GRILLE PARTNERSHIP, LTD.

Mailing Address C/O LOUIS COHEN 505 S. FLAGLER DRIVE, SUITE 900 WEST PALM BEACH FL 33401		Principal Office Address C/O LOUIS COHEN 505 S. FLAGLER DRIVE, SUITE 900 WEST PALM BEACH FL 33401	
2. Mailing Address	2a. Principal Office Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

3. Date Formed or Registered 07/09/1996	5a. Capital Contributions as Shown on record \$5,000.00
3a. Date of Last Report	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FL ORIDA to date 5,000.00
6. FEI Number 05-0677514	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

**GILDAN, LAURIE L ESQ.
GREENBERG, TRAUIG, HOFFMAN, LIPOFF, ET.AL.
777 S. FLAGLER DRIVE, SUITE 310-EAST
WEST PALM BEACH FL 33401**

10. If changed, new Registered Agent/Office

Name _____

Street Address (P.O. Box Number is Not Acceptable) _____

Suite, Apt. #, etc. _____

City _____ State **FL** Zip Code _____

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above named limited partnership organized or registered under the laws of the State of Florida submits this statement for the purpose of changing its registered office or registered 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.

SIGNATURE (Registered Agent Accepting Appointment) _____ 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. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
GALAXY GRILLE, INC.	505 S. FLAGLER DRIVE,	WEST PALM BEACH FL 33	P96000057184
		000001992530--4	
		-10/31/96--01075--025--	
		****191.25 ****191.25	
		<i>dec</i>	

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 report as required by chapter 620, Florida Statutes.

SIGNATURE *Maurizio Ciminella* DATE *09 26 96*

Typed or Printed Name of General Partner Signing Form *Maurizio Ciminella* Daytime Telephone Number *(561) 832-0201*

CR2E003 (6/96)