

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A96000001299**

1. Entity Name
GALAXY GRILLE PARTNERSHIP, LTD.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Principal Place of Business
**350 SOUTH COUNTY ROAD
PALM BEACH FL 33480**

Mailing Address
**350 SOUTH COUNTY ROAD
PALM BEACH FL 33480-4481**

00-FEB 18 AM 10:23

00-FEB 22 AM 10:49



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 65-0677514	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**GILDAN, LAURIE L ESQ.
GREENBERG, TRURIG, HOFFMAN, LIPOFF, ET AL.
777 S. FLAGLER DRIVE, SUITE 310-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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

9. Capital Contributions as Shown on record. \$5,000.00	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO 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 STREET ADDRESS CITY - ST - ZIP	P96000057184 GALAXY GRILLE, INC. 350 SOUTH COUNTY ROAD PALM BEACH FL 33480
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13. ADDRESS CHANGES ONLY

STREET ADDRESS	
CITY - ST - ZIP	of 31100
STREET ADDRESS	
CITY - ST - ZIP	100003158581--2
STREET ADDRESS	-03/06/00--01110--023
CITY - ST - ZIP	****526.25 ****526.25
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
CITY - ST - ZIP	
STREET ADDRESS	
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: *[Signature]* **2-15-2000** **561 833 9909**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)