FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE





LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF S Sandra B. Mortham Secretary of State DIVISION OF CORPORATION	SECRI DIVISION	FILL OF STATE OF CORPORATIONS	
1. Name of Limited Partnership 1a. DOCUMENT # A9600001431					
ARRABBA'S/DC-I, LIMITED	PARTNERS	HIP	1 100 (01) 1819 18110 1	911))) 9911) 9911) 9911) 9911) 9911 11911 91914 91916 1196 1196 1196	
ialling Address Principal Office Address		ce Address	3. Date Formed or Regi	istered 5a. Capital Contributions as Shown on record	
105 NORTH REO STREET, SUITE 210 405 NORTH REO STREET, TAMPA FL 33609			07/31/1996 3a. Date of Last Report	\$50,000.00	
			10/24/1996 4. State or Country of Fo	5b. Amount of Capital Contributions in FLORIDA to date:	
2. Mailing Address	28. Principal Office Address		FL FL	100,000.00	
Suite, Apt. #, etc.	Suite, Apt. #	Suite, Apt. #, etc.		Applied For	
City & State	City & State	City & State		Not Applicable Desired S8.75 Additional	
Zip Country	Zip	Country	8. Make check payable	Sesired \$8.75 Additional For Required to: Dept. of State (Soo reverse side for fee Informatic	
9. Name and Address of Cui	rrent Registered Agent		10 If changed nev	w Registered Agont/Office	
550 NORTH REO STREET, SUITE 200				12/22/9701003016	
TAMPA FL 33809		Suite, Apt	***	12/22/9701003016 ****541.25 ****541.25 FL ^{Zip Code}	
TAMPA FL 33609 10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obligations of the purpose of the section	co or registered agont lo lations of section 620.19: It) .	Suite, Apt City Statutes, the above-named limited par v both, in the State of Florida. Such ch P, Florida Statutes.	#, otc. mership organized or registered under the ange was authorized by its general partrease.	12/22/97—01003—016 ****541.25 ****541.25 FL Zip Code To laws of the State of Florida, submits this statement of registered appointment of registered DATE.	
TAMPA FL 33609 10a. Pursuant to the provisions of sections 620.105 for the purpose of changing its registered office agent. I am familiar with, and accept the obligations of the purpose of changing its registered office. SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THA	ce or registered agent of actions of section 620.19.	Suite, Apt City Statules, the above-named limited par v both, in the State of Florida. Such ch P. Florida Statules.	#, otc. mership organized or registered under the ange was authorized by its general partrease.	12/22/97—01003—016 ****541.25 ****541.25 FL Zip Code relaws of the State of Florida, submits this statementer(s). Thereby accept the appointment of registered DATE. OTHER BUSINESS ENTITY	
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