FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

1a. DOCUMENT # **A97000001279**

98 DEC 29 PM 3: 15

HOPS OF THE GOLD COAST, LTD.				
Mailing Address	Principal Office Address		3. Date Formed or Registered	5a. Capital Contributions as Shown on record.
C/O HOPS GRILL & BAR. INC. 9030 N: ROCKY POINT DRIVE WEST: STE 650- TAMPA TL 33607-	OCKY POINT DRIVE WEST. STE 650- 33607- TAMPA FL 33607-		06/10/1997 3a. Date of Last Report	\$250,000.00
			01/14/1998 4. State or Country of Formation	5b. Amount of Capital Contributions in FLORIDA to date:
2. Mailing Address	2a. Principal Office Address		FL	\$50,000.00
Zdit Apt. N etc. Rocky Point Dr.	sala, Apl. #.Mie. Rocky Point Dr.		6. FEI Number	Applied For
Suite 300	Syste 300		59-345 1620	Not Applicable
Zampa, FL Country	Zampa, FL Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required
33607. USA	-33607 tr			tate (See reverse side for fee information)
		1	10. If changed, new Registered	Agent/Office
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		Name		
		Street Address (P.O. Box Number Is Not Acceptable)		438.75
		Suite, Apt. #, etc.		8.75
		City		FI Zip Code
10a. Pursuant to the provisions of sections 620,1951 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 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		City, State & Zip Code	11c. Registration/
HOPS GRILL & BAR, INC.			MPA FL 33607	P97000009985 88
	2701 N. Rocky Suite 300	Pt. Dr.	9000027 -01/05/ ****44	3301044001 - -
			de	(Cous)
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 Jerence Vere DATE 12/22/98				422.198
Tuned as Deleted Name of Consul Business Singles Form	erence Terenzi.	CFO	Daytima Telaphone Number 81	3-282-9350

America's Original Microbrewery Restaurant

Hops Restaurant • Bar & Brewery 2701 N. Rocky Point Dr., Suite 300 Tampa, FL 33607 Telephone: 813-282-9350

Facsimile: 813-282-9451

December 22, 1998

VIA AIRBORNE EXPRESS

Florida Department of State Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Attention: Diane Cushing, Corporate Specialist

Re: 1999 Annual Report

Hops of The Gold Coast, Ltd.

Ref. #: A9700001279

Dear Ms. Cushing:

Enclosed please find the following documents:

1. Executed Annual Report

2. Check in the total amount of \$447.50, which represents \$350.00 for the Filing Fee, \$88.75 for the Supplemental Filing Fee and \$8.75 for the issuance of the Certificate of Status.

Please file the enclosed Annual Report and forward to me the Certificate of Status upon completion. Thank you for your assistance with this filing.

Sincerely,

Jusan Bohne 100

Susan M. Bohne Legal Counsel

SB/cd Attachments