2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

DOCUMENT # A97000001279 04 APR 30 PH 12: 16 HOPS OF THE GOLD COAST, LTD. SECRETARY OF STATE TALLAHASSEE, FLORIDA Mailing Address Principal Place of Business HANCOCK @ WASHINGTON HANCOCK @ WASHINGTON MADISON, GA 30650 MADISON, GA 30650 2. Principal Place of Business 3. Mailing Address Suite Ant # etc. Suite, Apt. #, etc. 04192004 CR2E003 (10/03) Chg-LP City & State City & State Applied For 4, FEI Number 59-3451620 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions \$ 526 25 \$75,000.00 as Shown on record. in FLORIDA to date. :1975,000 .00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. P97000009985 DOCUMENT # STREET ADDRESS NAME HOPS GRILL & BAR, INC. STREET ADDRESS HANCOCK @ WASHINGTON CITY-ST-ZIP CITY-ST-ZIP MADISON, GA 30650 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP 600036281996 /14/04-01005-001-**12 CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP HERE CITY-ST-ZIP DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP STAPLE DOCUMENT # STREET ADDRESS NAME 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: MATURE AND TYPED OF PRINTED NAME OF SIGNING GENERAL PARTNER