2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

000411 AV

DOCUMENT # A97000001279

1. Entity Name
HOPS OF THE GOLD COAST, LTD.

FILED
03 MAY 28 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
C/O HOPS GRILL & BAR, INC. 2701 N. ROCKY POINT DRIVE, SUITE 300 TAMPA FL 33607	C/O HOPS GRILL & BAR, INC. 2701 N. ROCKY POINT DRIVE, SUITE 300 TAMPA FL 33607

2. Principal Place of Business	3. Mailing Address
Hancock @ Washington	Hancock @ Washington
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Madison, GA	City & State: Madison, GA
Zip: 30650 Country: USA	Zip: 30650 Country: USA

DUE BY MAY 1, 2003

4. FEI Number 59-3451620 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.	10. Amount of Capital Contributions in FLORIDA to date.	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
$75,000.00	$75,000.00	

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.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000009985	STREET ADDRESS	Hancock @ Washington
NAME	HOPS GRILL & BAR, INC.	CITY-ST-ZIP	Madison, GA 30650
STREET ADDRESS	2701 N. ROCKY POINT DRIVE, SUITE 300		
CITY-ST-ZIP	TAMPA FL 33607		
DOCUMENT #		STREET ADDRESS	
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CITY-ST-ZIP			

CR2E003 (10/02)

STAPLE CHECK HERE

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 REQUIRED Percy Williams 5/21/03 (706)343-2217
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #