


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

DOCUMENT # A97000001908	
1. Entity Name DAYTONA ALE HOUSE AND RAW BAR, LTD.	

FILED

04 JUN -4 PM 3:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 612 N. ORANGE AVENUE, SUITE C-6 JUPITER, FL 33458	Mailing Address 612 N. ORANGE AVENUE, SUITE C-6 JUPITER, FL 33458
---	---

2. Principal Place of Business 2610 W. Int'l Speedway Blvd Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
---	---

03222004 Chg-LP CR2E003 (10/03)

City & State Daytona Beach Florida	City & State
Zip 32114	Country US

4. FEI Number 65-0776911	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MILLER, JOHN W 612 N. ORANGE AVENUE, SUITE C-6 JUPITER, FL 33458		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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. \$450,000.00	10. Amount of Capital Contributions in FLORIDA to date.
--	---

**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 # NAME STREET ADDRESS CITY-ST-ZIP	P94000069772 DAYTONA ALE HOUSE AND RAW BAR, INC. 612 N. ORANGE AVENUE, SUITE C-6 JUPITER, FL 33458	STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	800038549598 07/01/04 01038 005 **376.25
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	800038549598 07/01/04 01038 006 **150.00
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS	

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:  **4/21/04** **561-713-2999**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #