


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

<b>DOCUMENT # B06000000340</b> 1. Entity Name <b>WHATABURGER REAL ESTATE LP</b>	
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FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

08 APR 15 PM 12:56

Principal Place of Business <b>ONE WHATABURGER WAY</b> <b>CORPUS CHRISTI, TX 78411-2981</b>	Mailing Address <b>ONE WHATABURGER WAY</b> <b>CORPUS CHRISTI, TX 78411-2981</b>
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04042008    Chg-LP    CR2E003 (12/06)

4. FEI Number <b>20-5628846</b>	Applied For
<del>APPLIED FOR</del>	Not Applicable

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent	
<b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301-2525</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

**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 #	<b>M06000004005</b>	STREET ADDRESS	
NAME	<b>WHATABURGER MANAGEMENT LLC</b>	CITY - ST - ZIP	<b>780123497947</b>
STREET ADDRESS	<b>ONE WHATABURGER WAY</b>		<b>04/15/08--01009--004 **500.00</b>
CITY - ST - ZIP	<b>CORPUS CHRISTI, TX 784112981</b>		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
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STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** *Windy A. Bick, CFO/SVP*      4/8/08      361-878-0367  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STATE OF FLORIDA