

B91600000464

1201 West Peachtree Street  
Atlanta, Georgia 30309-3424

404-881-7000  
Fax: 404-881-7777 Telex: 54-2996

Jan R. Ezell  
Corporate Legal Assistant

Direct Dial (404) 881-7442

November 26, 1996

BY UPS OVERNIGHT

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

B91600000464  
300002016449--8  
-11/27/96--01108--001  
\*\*\*\*227.50 \*\*\*\*227.50

Re: 2901 Federal Highway Limited Partnership

Ladies and Gentlemen:

Enclosed for filing is an application to qualify the above-referenced limited partnership to transact business in the State of Florida. Also enclosed is a check in the amount of \$227.50 in payment of the filing fee. Please date stamp the enclosed copy of the application and return it to me in the enclosed self-addressed stamped envelope.

Thank you very much for your assistance with this filing. If you have any questions regarding the enclosed, please call me at (404) 881-7442.

Sincerely yours,

*Jan R. Ezell*  
Jan R. Ezell  
Corporate Legal Assistant

JRE:mw  
Enclosure  
cc: Mr. James M. Kapenstein  
AD933220.025

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 NOV 27 PM 2:23

B/E  
12/16/96

Florida Department of State, Sandra B. Mortham, Secretary of State

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP FOR  
AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

1. 2901 Federal Highway Limited Partnership  
(Name of limited partnership as it is in the home state)

2. \_\_\_\_\_  
(If name is unavailable, name under which the limited partnership proposes to register or transact business in Florida; must contain the word "LIMITED" or "LTD.")

3. Georgia 4. \_\_\_\_\_  
(State of Formation) (Date of Formation)

5. CT Corporation System  
(Name of Registered Agent for Service of Process)

6. 1200 South Pine Island Road  
(Street Address of Registered Office)

Plantation, Florida 33324  
(City) (Zip Code)

7. Acceptance by the Registered Agent for Service of Process.

Connie Bryan Special Assistant Secretary  
(Agent must sign on this line)

8. c/o Longhorn Steaks, Inc., 8215 Roswell Road, Building 200, Atlanta, Georgia 30350  
(Address of registered office required in state of formation or, if not required, address of principal office.)

**9. NAMES OF GENERAL PARTNERS**

**STREET ADDRESS**

Gold Coast Restaurant Group

c/o Longhorn Steaks, Inc.  
8215 Roswell Road, Building 200  
Atlanta, Georgia 30350

6960 609000746

10. c/o Longhorn Steaks, Inc., 8215 Roswell Road, Building 200, Atlanta, Georgia 30350  
(Office where Names, Addresses and Contributions of Limited Partners are kept.)

11. The limited partnership will undertake to keep the records listing the addresses and capital contributions of the limited partner or limited partners until the limited partnership's registration in Florida is cancelled or withdrawn.

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SECRETARY OF CORPORATIONS  
DIVISION 27 PM 2:23  
NOV 27

12. c/o JJU, Inc., 2911 N.W. Banyan Blvd., Boca Raton, Florida 33431

(Mailing Address of Limited Partnership)

Under penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.

This day of 25, November, 19 96

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
96 NOV 27 PM 2:23

GOLD COAST RESTAURANT GROUP

General Partner

STATE OF GEORGIA

By: Anne D. Huemme

Anne D. Huemme, Chief Financial Officer of Longhorn Steaks, Inc., a general partner

COUNTY OF \_\_\_\_\_

On this 25<sup>th</sup> day of November, 19 96, Anne D. Huemme

personally appeared before me,

☒ who is personally known to me

☐ whose identity I proved on the basis of \_\_\_\_\_

Jean M. Boland  
(Notary Public Signature)

Jean M. Boland  
(Notary's Printed Name)

Seal

My Commission Expires: 12-28-97

**AFFIDAVIT OF CAPITAL CONTRIBUTIONS FOR FOREIGN LIMITED  
PARTNERSHIP**

*BEFORE ME the undersigned personally appeared* Anne D. Huemme, Chief Financial Officer of  
*the* 2901 Federal Highway  
*a general partner of* Limited Partnership, *a (an)* Georgia *limited partnership,*  
*hereinafter referred to as the "Partnership", who certifies as follows:*

1. The amount of capital contributions of the limited partners is \$25,000.
2. The anticipated amount of the capital contributions of the limited partners that are allocated for the purposes of transacting business in Florida is \$25,000.

*Under the penalties of perjury I, being duly sworn, declare that I have read the foregoing and know the contents thereof and that the facts stated herein are true and correct.*

This 25<sup>th</sup> day of November, 19 96.

GOLD COAST RESTAURANT GROUP

General Partner

By: Anne D. Huemme

Anne D. Huemme, Chief Financial Officer of  
Longhorn Steaks, Inc., a general partner

STATE OF GEORGIA

COUNTY OF \_\_\_\_\_

On this \_\_\_\_\_ day of November, 19 96, Anne D. Huemme

personally appeared before me,



who is personally known to me



whose identity I proved on the basis of \_\_\_\_\_

Juan M. Bolanda  
(Notary Public Signature)

Juan M. Bolanda  
(Notary's Printed Name)

Seal

My Commission Expires: 12-28-97

FILED STATE  
SECRETARY OF  
DIVISION OF CORPORATIONS  
96 NOV 27 PM 2:23

B96000000464

STATE OF FLORIDA  
OFFICE OF THE COMPTROLLER  
APPLICATION FOR REFUND

Section 15.7, Florida Statutes, provides that: "If any person or corporation has collected any moneys for the State of Florida which have not been properly accounted for, the right shall be barred. Three years is generally interpreted as meaning three years from the date the moneys were collected into the State Treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money."

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section           , Florida Statutes, I hereby apply for a refund of moneys I paid into the State Treasury, which are subject to refund. The following information is submitted to substantiate the claim.  
THE INFORMATION IN THIS BOX WILL BE USED TO WRITE AND MAIL YOUR REFUND CHECK. PLEASE TYPE OR PRINT LEGIBLY.

Name: X Jan R. Ezell EIN or SSN: 58-0137615  
Address: X Alston + Bird, 1201 W. Peachtree Street  
X Atlanta, GA 30309-3424  
Amount: \$17.50 Date Paid: 11/27/96  
Reason for Claim: Overpayment on 11/27/96 filing of  
2901 FEDERAL HIGHWAY LIMITED PARTNERSHIP  
B96000000464  
Certified true and correct this 10<sup>th</sup> day of December, 1996  
Signature X Jan R. Ezell  
\* Must be completed if authority is other than Section 215.26, Florida Statutes.

Do Not Write in This Box - For Agency Use Only  
Agency recommends approval of above claim and submits the following information to substantiate the claim:  
Amount of recommended refund \$: 17.50  
The amount requested above was originally deposited into the State Treasury, as a part of the funds deposited on  
State Treasurer's Receipt No. 01108 001 dated 11/27/96  
NAME OF ACCOUNT: 45202130001453000000000010000  
Statutory Authority for Collection 620.0182  
It is requested that payment be made from the following account:  
NAME OF ACCOUNT: 452021300014530000000022002000  
Certified true and correct this            day of           , 19            
Department of State, Division of Corporations  
(Agency) (Authorized Agency Signature and Title)