

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

99 JAN -4 PM 3:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



| | | | |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------|---------|
| 1. Name of Limited Partnership | | 1a. DOCUMENT # B97000000017 | |
| 34863 EMERALD COAST PARKWAY LIMITED PARTNERSHIP | | | |
| Mailing Address | Principal Office Address | | |
| C/O LONGHORN STEAKS, INC. 8215 ROSWELL ROAD, BUILDING 200 ATLANTA GA 30350 | C/O PANGULF VENTURES, INC. 6500 HAMPTON WAY, APARTMENT L-13 COLUMBUS GA 31907 | | |
| 2. Mailing Address | 2a. Principal Office Address | | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | |
| City & State | City & State | | |
| Zip | Country | Zip | Country |

| | |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------------------|
| 3. Date Formed or Registered 12/30/1996 | 5a. Capital Contributions as Shown on record. \$25,000.00 |
| 3a. Date of Last Report 05/12/1998 | |
| 4. State or Country of Formation GA | 5b. Amount of Capital Contributions in FLORIDA to date: |
| 6. FEI Number 58-2307938 | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable |
| 7. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 8. Make check payable to: Dept. of State (See reverse side for fee information) | |

| | | |
|-------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|-----------|
| 9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | 10. If changed, new Registered Agent/Office | |
| | Name | |
| | Street Address (P.O. Box Number is Not Acceptable) | |
| | Suite, Apt. #, etc. | |
| City | | Zip Code |
| | | FL |

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

| 11. Name(s) of General Partner(s) | 11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) | 11b. City, State & Zip Code | 11c. Registration/ Document Number |
|-------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------|------------------------------------|
| EAGLE VENTURE | 8215 ROSWELL ROAD, BU | ATLANTA GA 30350 | G97013900050 |
| 000002748600--0 -01/20/99--01103--019 ****272.50 ****272.50 | | | |

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE W. Douglas Benn DATE 12-22-98
 Typed or Printed Name of General Partner Signing Form W. Douglas Benn Daytime Telephone Number 770-399-9595

CR2E003 (8/98)