

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morgham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
 98 JAN 30 AM 9:49

1. Name of Limited Partnership Perkins Family Restaurants, L.P.	1a. DOCUMENT # B97000000699
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Mailing Address 6075 Poplar Avenue Suite 800 Memphis, TN 38119	Principal Office Address 6075 Poplar Avenue Suite 800 Memphis, TN 38119
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 12/23/97	5a. Capital Contributions as Shown on record \$11,584,252
3a. Date of Last Report N/A	5b. Amount of Capital Contributions in FLORIDA to date \$11,584,252
4. State or Country of Formation Delaware	
6. FEI Number 62-1283091	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input 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 CT Corporation System 1200 South Pine Island Road Plantation FL 33324	10. If changed, now Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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10a. Pursuant to the provisions of sections 620.105(1) 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
Perkins Management Company, Inc.	6075 Poplar Avenue Suite 800	Memphis, TN 39119	P 11689
800002421628--7 -02/04/98--01096--005 ****541.25 ****541.25 437.50 103.75 dec			

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.

Perkins Family Restaurants, L.P.

SIGNATURE By: Perkins Management Company, Inc. _____ DATE **01-29-97**

Typed or Printed Name of General Partner Signing Form: Donald P. Wiseman Daytime Telephone Number 901-766-6401

CR2E003 (6/97)