


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	
1. Name of Limited Partnership		1a. DOCUMENT # B97000000017			
34863 EMERALD COAST PARKWAY LIMITED PARTNERSHIP					
Mailing Address		Principal Office Address		3. Date Formed or Registered	
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		12/30/1996	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		05/12/1998	
City & State		City & State		4. State or Country of Formation	
Zip		Zip		GA	
Country		Country		6. FEI Number	
				58-2307938	
				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)	

FILED
99 JAN -4 PM 3:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)