

**2004 LIMITED PARTNERSHIP ANNUAL REPORT (AR)**  
**DUE BY MAY 1, 2004**


**FILED** 343

04 MAY -3 PM 6:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



MOORE CR2E003 (11/03)

<b>DOCUMENT # A01689</b>					
1. Entity Name <b>FLAMING PIT OF POMPANO BEACH, LTD.</b>					
Principal Place of Business <b>1150 NORTH FEDERAL HIGHWAY POMPANO BEACH FL</b>			Mailing Address <b>1150 NORTH FEDERAL HIGHWAY POMPANO BEACH FL</b>		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>43-0889929</b>	
				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  <b>HILLEARY, HARRY L 1150 N. FEDERAL HWY. POMPANO BEACH FL 33062</b>				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record.		<b>\$49,000.00</b>		10. Amount of Capital Contributions in FLORIDA to date. <b>\$49,000.00</b>	
11. <b>MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION</b>					
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>					
<b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	<b>825951</b>		STREET ADDRESS		
NAME	<b>JENNINGS FOODS, INC.</b>		CITY-ST-ZIP		
STREET ADDRESS	<b>10820 SUNSET OFFICE DR #120</b>		<b>600036931516</b>		
CITY-ST-ZIP	<b>SUNSET HILLS MO 63127</b>		<b>05/19/04--01049--020 **431.75</b>		
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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 exemption stated in Section 119.07(3)(i), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**3/22/04 (314) 821-2282**  
Date Daytime Phone #