

2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 31 AM 10: 09

DOCUMENT # A00000000919

1. Entity Name
GRESTRAURANT LIMITED PARTNERSHIP



Principal Place of Business
**1210 US HWY 19, SUITE 4
HOLIDAY, FL 34690**

Mailing Address
**1210 US HWY 19, SUITE 4
HOLIDAY, FL 34690**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01122005

Chg-LP

CR2E003 (10/03)

4. FEI Number

59-3651269

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAKIM, JEAN
34350 U.S. HIGHWAY 19 NORTH
PALM HARBOR, FL 34684**

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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$10,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P99000013616**
NAME **NEW ERA MANAGEMENT, INC.**
STREET ADDRESS **34350 U.S. HIGHWAY 19 NORTH**
CITY-ST-ZIP **PALM HARBOR, FL 34684**

STREET ADDRESS

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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

1/26/05

Date

727-943-5250

Daytime Phone #

STAPLE CHECK HERE