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APPROVED AND FILED

04 MAY -4 PM 4:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A00000001990

1. Entity Name
BLUE PEPPER COLLEGE LIMITED PARTNERSHIP

Principal Place of Business	Mailing Address
7091-14 COLLEGE PARKWAY FORT MYERS, FL 33907	6710 WINKLER ROAD, SUITE 7 FT. MYERS, FL 33919

04302004 Chg-LP CR2E003 (10/03)

2. Principal Place of Business		3. Mailing Address	
		7091-14 College Pkwy.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Ft. Myers, FL	
Zip	Country	Zip: 33907	Country: USA

4. FEI Number: 65-1077718 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMB, JEFFREY R
C/O THOMAS WANDERON & ASSOC.
868 106TH AVE. N.
NAPLES, FL 34108

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

9. Capital Contributions as Shown on record. $700,000.00

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 #	P00000083219	STREET ADDRESS	
NAME	MARKET RESTAURANTS, INC.		
STREET ADDRESS	6710 WINKLER ROAD, SUITE 7	CITY-ST-ZIP	
CITY-ST-ZIP	FORT MYERS, FL 33919		
DOCUMENT #		STREET ADDRESS	
NAME			
STREET ADDRESS		CITY-ST-ZIP	300036547763 05/18/04--01041--011 **526.25
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STAPLE CHECK HERE

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: David Patel 4/30/04 239-936-5093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #