

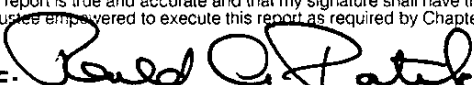


# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

**Due By September 7, 2005**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 SEP -8 AM 10:06

<b>DOCUMENT # A00000001990</b> 1. Entity Name <b>BLUE PEPPER COLLEGE LIMITED PARTNERSHIP</b>					
Principal Place of Business <b>7091-14 COLLEGE PARKWAY FORT MYERS, FL 33907</b>			Mailing Address <b>7091-14 COLLEGE PARKWAY FORT MYERS, FL 33907</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>65-1077718</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>LAMB, JEFFREY R C/O THOMAS WANDERON &amp; ASSOC. 868 106TH AVE. N. NAPLES, FL 34108</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>	
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>\$700,000.00</b>			10. Amount of Capital Contributions in FLORIDA to date.		
In accordance with s. 607.193(2)(b), F.S., the limited partnership did not receive the prior notice.					
<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>P00000083219</b> NAME <b>MARKET RESTAURANTS, INC.</b> STREET ADDRESS <b>6710 WINKLER ROAD, SUITE 7</b> CITY-ST-ZIP <b>FORT MYERS, FL 33919</b>				STREET ADDRESS CITY-ST-ZIP	
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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: 				Date <b>9/7/05</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Telephone Phone # <b>239-443-9565</b>	

STAPLE CHECK HERE