

**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 7, 2005**

DOCUMENT # A00000001990		
1. Entity Name BLUE PEPPER COLLEGE LIMITED PARTNERSHIP		

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 SEP -8 AM 10:06

Principal Place of Business 7091-14 COLLEGE PARKWAY FORT MYERS, FL 33907		Mailing Address 7091-14 COLLEGE PARKWAY FORT MYERS, FL 33907	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
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 <b>FL</b> Zip Code	

05092005 Chg-LP CR2E003 (10/03)

4. FEI Number <b>65-1077718</b>	Applied For
	Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. 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.

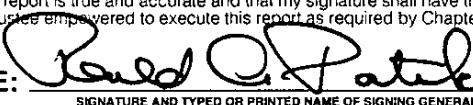
SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable DATE \_\_\_\_\_

9. Capital Contributions as Shown on record. <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.
--	---	--

**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.	CITY-ST-ZIP	
STREET ADDRESS	6710 WINKLER ROAD, SUITE 7		
CITY-ST-ZIP	FORT MYERS, FL 33919		
DOCUMENT #		STREET ADDRESS	<b>488868052494</b>
NAME		CITY-ST-ZIP	09/29/05--01005--008 **526.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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

9/7/05 239-483

Date

Daytime Phone #  
**936-5093**

STAPLE\*CHECK HERE