

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED

04 APR 30 PM 12:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A01000000095	
1. Entity Name I-DRIVE BURGERS, LTD.	



Principal Place of Business 9439 FOREST CITY ROAD ALTAMONTE SPRINGS, FL 32714	Mailing Address 9439 FOREST CITY ROAD ALTAMONTE SPRINGS, FL 32714
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2. Principal Place of Business 9439 FOREST CITY COVE Suite, Apt. #, etc. SUITE 3 City & State ALTAMONTE SPRINGS, FL Zip FL 32714 Country USA	3. Mailing Address 9439 FOREST CITY COVE Suite, Apt. #, etc. SUITE 3 City & State ALTAMONTE SPRINGS, FL Zip 32714 Country USA
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04192004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3712485	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent HARTMAN, JAMES A 9439 FOREST CITY ROAD ALTAMONTE SPRINGS, FL 32714	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____
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9. Capital Contributions as Shown on record. \$1,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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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.

STAPLE CHECK HERE

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	HARTMAN, JAMES A	STREET ADDRESS	9439 FOREST CITY COVE, STE 3
NAME	9439 FOREST CITY ROAD	CITY-ST-ZIP	ALTAMONTE SPRINGS FL 32714
STREET ADDRESS	ALTAMONTE SPRINGS, FL 32714		
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>	Date 4-20-04	Daytime Phone # 407-445-7235
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