

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 8, 2004**

DOCUMENT # A01000000454		
1. Entity Name GATEWAY PIZZA NO. 2 LIMITED PARTNERSHIP		

**FILED**

2004 SEP -2 P 4: 12

SECRETARY OF STATE



Principal Place of Business 1821 PICCODILLY CIRCLE CAPE CORAL, FL 33991	Mailing Address 1821 PICCODILLY CIRCLE CAPE CORAL, FL 33991
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03012003 Chg-LP CR2E003 (10/03)

4. FEI Number 65-1089221	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Designated Agent CiCi's Piza Timothy McGrath 15239 Kestrelrise Drive Lithia, Florida 33547		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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*New Address*

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 Timothy W. McGrath DATE 7/26/04

9. Capital Contributions as Shown on record. \$0.00	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.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P98000023060	STREET ADDRESS	
NAME	VARIETY PIZZA NO. 2, INC.	CITY-ST-ZIP	
STREET ADDRESS	1430 DEL PRADO BLVD., SOUTH		
CITY-ST-ZIP	CAPE CORAL, FL 33904		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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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: Timothy McGrath DATE 6/26/04 PHONE 813-654-8945

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE