


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A02000000048 1. Entity Name DUVAL BBQ II, LTD.	
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Principal Place of Business 2605 SW 33RD ST #200 Ocala, FL 34474	Mailing Address 2605 SW 33RD ST #200 Ocala, FL 34474
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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

FILED
 04 FEB -2 AM 9:39
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



01242004 Chg-LP CR2E003 (10/03)

4. FEI Number 04-3709787	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 DUVAL BBQ 2, INC. 1320 S.E. 25TH LOOP, SUITE 101 Ocala, FL 34471	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: \$1,100,000.00	10. Amount of Capital Contributions in FLORIDA to date: 1,100,000.00	
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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 # P01000084298	STREET ADDRESS
NAME DUVAL BBQ 2, INC.	CITY-ST-ZIP
STREET ADDRESS 2605 SW 33RD ST #200	
CITY-ST-ZIP Ocala, FL 34474	
DOCUMENT #	STREET ADDRESS
NAME	CITY-ST-ZIP
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CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	

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 02/02/04--01047--011 **526.25

M THOMAS

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 1/26/07	Daytime Phone # 352-620-2514
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STAPLE CHECK HERE