
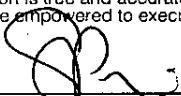


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A02000000404			
1. Entity Name ALAFAYA ALE HOUSE AND RAW BAR, LTD.			
Principal Place of Business 612 NORTH ORANGE AVENUE, SUITE C-6 JUPITER, FL 33458		Mailing Address 612 NORTH ORANGE AVENUE, SUITE C-6 JUPITER, FL 33458	
2. Principal Place of Business 641 N. Alafaya Trail		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orlando, Florida		City & State	
Zip 32828	Country US	Zip	Country
6. Name and Address of Current Registered Agent MILLER, JACK W 612 NORTH ORANGE AVENUE, SUITE C-6 JUPITER, FL 33458		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;">FLZip Code</div>	
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			
9. Capital Contributions as Shown on record. \$280,000.00		10. Amount of Capital Contributions in FLORIDA to date.	
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 # NAME STREET ADDRESS CITY-ST-ZIP	P00000010643 ALAFAYA ALE HOUSE AND RAW BAR, INC. 612 NORTH ORANGE AVENUE, SUITE C-6 JUPITER, FL 33458	STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px;">700038551637 07/01/04--01038--011 **150.00</div>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 5px;">700038551637 07/01/04--01038--012 **376.25</div>
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	
DOCUMENT # NAME STREET ADDRESS 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: 		<div style="display: flex; justify-content: space-between;">4/12/04561-743-2299</div>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date Daytime Phone #</small>	