


**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A02000000540</b> 1. Entity Name <b>VISTAR RESTAURANTS - I DRIVE LIMITED</b>	
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Principal Place of Business  
**5728 MAJOR BLVD. SUITE 601  
ORLANDO, FL 32819**

Mailing Address  
**5728 MAJOR BLVD. SUITE 601  
ORLANDO, FL 32819**

**DO NOT WRITE IN THIS SPACE**



03032006 No Chg-LP

CR2E003 (11/05)

4. FEI Number  
**03-0423868**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**KHATIB, RASHID A  
5728 MAJOR BLVD. SUITE 601  
ORLANDO, FL 32819**

Name

Street Address (P.O. Box Number is not acceptable)

City

**7. Name and Address of New Registered Agent**

**DO NOT WRITE  
IN THIS SPACE**

**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

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, Fee will be \$900.00**

**1000000541261**  
**05/10/06-80051-025 500.00**

**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**

DOCUMENT # **P02000035308**  
NAME **VISTAR RESTAURANTS-I DRIVE INC.**  
STREET ADDRESS **5728 MAJOR BLVD. SUITE 601**  
CITY-ST-ZIP **ORLANDO, FL 32819**

DOCUMENT #  
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**13. ADDRESS CHANGES ONLY**

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

**4-27-06**

Date

**407-354-2200**

Daytime Phone #