
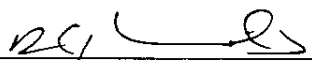


2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 APR 25 PM 12:13

DOCUMENT # A02000000540			
1. Entity Name VISTAR RESTAURANTS - I DRIVE LIMITED			
Principal Place of Business 5728 MAJOR BLVD. SUITE 601 ORLANDO, FL 32819		Mailing Address 5728 MAJOR BLVD. SUITE 601 ORLANDO, FL 32819	
2. Principal Place of Business - No P.O. Box # 7932 W. Sand Lake Rd.		3. Mailing Address 7932 W. Sand Lake Rd.	
Suite, Apt., etc. Suite 300		Suite, Apt., etc. Suite 300	
City and State Orlando, FL		City and State Orlando, FL	
Zip 32819	Country	32819	Country
4. FEI Number 03-0423868		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KHATIB, RASHID A 5728 MAJOR BLVD. SUITE 601 ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 7932 W. Sand Lake Rd. Ste 300 Orlando, FL 32819 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE _____	
FILE NOW!!! FEE IS \$500.00 After May 1, 2008, Fee will be \$900.00		000125590920 04/24/08--01035--018 **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		13. ADDRESS CHANGES ONLY	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	P02000035306 VISTAR RESTAURANTS-I DRIVE INC. 5728 MAJOR BLVD. SUITE 601 ORLANDO, FL 32819	STREET ADDRESS CITY-ST-ZIP	7932 W. Sand Lake Rd. Ste 300 Orlando, FL 32819
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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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		Date 4/8/08 Daytime Phone # 407-354-2200	

STAPLE CHECK HERE