## **2003 LIMITED PARTNERSHIP**

DOCUMENT # A0200000540  1. Entity Name VISTAR RESTAURANTS - I DRIVE LIMITED						FILED  03 HAY -6 PH 8: 40				Ą
Principal Place of Business 5728 MAJOR BLVD. SUITE 601 ORLANDO FL 32819			Mailing Address 5728 MAJOR BLVD. SUITE 601 ORLANDO FL 32819				SECRETARY OF STALLAHASSEE FI			
2. Principal Place of Business			3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.	<del>,</del>		DUE BY MAY 1, 2	1003		7	
City & State			City & State		<del></del>	4. FEI Number Applied For Not Applicable				, ,
Zip	, 0	ountry	Zip	Cour	ntry		f Status Desired	<b>\$8.75</b> / Fee Requ		
	6. Name and	Address of Current Re	gistered Agent			7. Name and A	ddress of New Registered	Agent		J
KHATIB, RASHID A					Name					
5728 MAJOR BLVD. SUITE 601					Street Address	(P.O. Box Number	is Not Acceptable)	<u>-</u>		
ORLANDO FL 32819										7
					City		F	L Zip C	ode	1
the obligat	named entity sul ions of registered		he purpose of changing it	s register	ed office or registe	ered agent, or both	in the State of Florida. I arr	ı familiar wi	h, and accept	1
SIGNATURE -	Signature, typed or prin	nted name of registered agent and	title if applicable.				DATE			
9. Capital Contributions as Shown on record. \$1,700,000.00 10. Amount of Cain FLORIDA t										
	A GEN NOTE: Ge	ERAL PARTNER TH eneral Partners MAY	AT IS A BUSINESS EI NOT be changed on t	NTITY M	IUST BE REGIS	TERED AND AC	TIVE WITH THIS OFFICE to change a general part of the change and the change at the cha	E. artner.	<u>.                                      </u>	
12.	P0200003530	GENERAL PARTNER II	NFORMATION	13.			ADDRESS CHANGES OF		<del></del>	}
DOCUMENT # NAME	VISTAR REST.	, Aurants-I drive ind BLVD. Suite 601	<b>3</b> .	STRI	EET ADDRESS	30! 05/06/4	300018313433 05/06/0301128009 **526.25			CR2E003 (10/02)
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SIGNATURE:

SIAFLE UNEUN HENE

SIZMATURE BRY Rashid A. Khatib

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

4-18-03

407-354-2200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER