

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

98 JAN 15 PM 3:35

1. Name of Limited Partnership

**1a. DOCUMENT #
A13874**

CHI-CHI'S FLORIDA PARTNERS, LTD.



Mailing Address

P.O. BOX 32760
4TH AVENUE & MUHAMMAD ALI BLVD.
LOUISVILLE KY 40232-2760

Principal Office Address

P.O. BOX 32760
4TH AVENUE & MUHAMMAD ALI BLVD.
LOUISVILLE KY 40232-2760

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip

Country

3. Date Formed or Registered

01/20/1983

3a. Date of Last Report

09/23/1996

4. State or Country of Formation

KY

**5a. Capital Contributions as
Shown on record.**

\$2,873,000.00

**5b. Amount of Capital
Contributions in FLORIDA
to date:**

6. FEI Number

61-1011872

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. If changed, new Registered Agent/Office

Name

600002409456--1

Street Address (P.O. Box Number Is Not Accepted) **01/22/98--01123--003**

Suite, Apt. #, etc.

******541.25 ****541.25**

City

FL

Zip Code

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

HILLIARD LYONS REAL ESTATE F

**11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)**

501 SOUTH 4TH STRET

11b. City, State & Zip Code

LOUISVILLE KY

**11c. Registration/
Document Number**

F92000000905

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes.

SIGNATURE

DATE

12/8/97

Typed or Printed Name of General Partner Signing Form

Jeffrey Rose

Daytime Telephone Number

502-588-8651

CR2E003 (6/97)