2002	UNIFORM BU	ISINESS REPO	RT (U	BR)			
DOCU	MENT # A24	489			·		<u> </u>
TYRONE HOOTERS, LTD.						FILED	Th
Principal Plac	e of Business	Mailing Address			02	APR 25 PN 3	H
26133 U.S. HWY. 19 NORTH SUITE 100 CLEARWATER FL 34623-2019		26133 U.S. HWY. 19 NOF SUITE 100	26133 U.S. HWY. 19 NORTH SUITE 100 CLEARWATER FL 34623-2019		SEC TALL	RETARY OF STAT AHASSEE, FLORI	TE Da 1 446 ii ii 1160 ii ii 1100 ii ii i 14 0
2. Principal Place of Business		3. Mailing Address	3. Mailing Address				[4] [1] [1]
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DUE BY MAY 1, 2002		
City & State		City & State	City & State		4. FEI Number	59-2797632	Applied For Not Applicable
Zip 33763-2	-2019 Country Zip 33763-2019		Country		5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name			
KIEFER, NEIL G ESQ. 26133 U.S. HWY. 19 NORTH SUITE 100			Str	Street Address (P.O. Box Number is Not Acceptable)			
CLEARWATER FL 34623-2019 33763-2019				у		F	L Zip Code
8. The above named entity submits this statement for the purpose of changing its registered office. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. Capital Contributions 10. Amount of Capital Contributions					ed agent, or both,	DATE 11. MAKE CHECK PAYAE	LE TO DEPT. OF STATE
as Shown on record. \$230,000.00 in FLORIDA to date A GENERAL PARTNER THAT IS A BUSINESS ENTI			ITITY MUST	45,000 BE REGIST	SEE REVERSE SIDE FOR FEE INFORMATION EGISTERED 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	HOOTER III, INC. 26133 U.S. HWY. 19 NORTH, STE. 100		STREET ADD				
DOCUMENT #	OLLANWATER TE SHOES		STREET ADD	RESS	7000054504173 -05/03/0201068003 ****403.75 ****403.75		
NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIF			****403.75	****493.75
DOCUMENT # NAME			STREET ADD	RESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIF	·			
DOCUMENT # NAME			STREET ADD	RESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIF	·			
DOCUMENT # NAME			STREET ADD	RESS			
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIF	,			
DOCUMENT # NAME			STREET ADD	RESS	11 21 21 11 21 11		

14. Exercity 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

CITY-ST-ZIP

Hooters: III, Inc. General Partner

SIGNATURE: By: SIGNATURE AND TYPED OR DENNITED NAME OF SIGNING GENERAL PARTNER | Date | Date

STREET-ADDRESS

CITY-ST-ZIP

3/6/2002 Daytime Phone #

CR2E003 (9/01)