# 2007 LIMITED PARTNERSHIP ANNUAL REPORT
## Due By May 1, 2007

FILED

2007 APR 30 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A30893

1. Entity Name
ARCADE RESTAURANT LIMITED

| Principal Place of Business | Mailing Address |
|---|---|
| 13563 ICOT BLVD.<br>CLEARWATER, FL 33760 | 15500 ROOSEVELT BLVD., STE 301<br>CLEARWATER, FL 33760-3410 |

04262007 Chg-LP CR2E003 (12/06)

| 2. Principal Place of Business - No P.O. Box # | 3. Mailing Address |
|---|---|
| | 4592 Ulmerton Rd |
| Suite, Apt. #, etc. | Suite, Apt. #, etc.<br>Ste 100 |
| City & State | City & State<br>clearwater FL |
| Zip / Country | Zip 33762 / Country |

4. FEI Number
59-3038221
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| TUCSON RESTAURANT, INC.<br>15500 ROOSEVELT BLVD., STE. 301<br>CLEARWATER, FL 33760 | Name<br>Street Address (P.O. Box Number is Not Acceptable) 4592 Ulmerton Rd Ste 100<br>City clearwater **FL** Zip Code 33762 |

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

**FILE NOW!!! FEE IS $500.00**
**After May 1, 2007, Fee will be $900.00**

**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 # | S12274 | STREET ADDRESS | 4592 Ulmerton Rd Ste 100 |
| NAME | TUCSON RESTAURANT, INC. | CITY-ST-ZIP | clearwater FL 33762 |
| STREET ADDRESS | 15500 ROOSEVELT BLVD., SUITE 301 | | |
| CITY-ST-ZIP | CLEARWATER, FL 33760 | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY-ST ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | 500101971955 |
| NAME | | | 05/09/07--01045--017 **500.00 |
| STREET ADDRESS | | CITY ST-ZIP | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |
| DOCUMENT # | | STREET ADDRESS | |
| NAME | | CITY ST-ZIP | |
| STREET ADDRESS | | | |
| CITY-ST-ZIP | | | |

STAPLE CHECK HERE

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:** _____ Leslie A Rubin, Pres 4-27-07 727-530-0021
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER — Date — Daytime Phone #