

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

96 SEP 17 PM 4: 27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership BISTROS SIX OF NAPLES, LTD.	1a. DOCUMENT # A31596 <i>97-AR CM</i>
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Mailing Address P. O. BOX 2416 NAPLES FL 34106 34106	Principal Office Address P. O. BOX 2416 NAPLES FL 34106 34106
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 06/04/1991	5a. Capital Contributions as Shown on record. \$825,000.00
3a. Date of Last Report 10/12/1995	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date.
6. FEI Number 05-0461721	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$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 CORPORATION INFORMATION SERVICES, INC. 1201 HAYS ST. TALLAHASSEE FL 32301

10. If changed, new Registered Agent/Office Name H BUD BEECROFT Street Address (P.O. Box Number is Not Acceptable) BLDG 2070 ARBOUR WALK APT 3222 Suite, Apt. #, etc. NAP City NAPLES FL Zip Code 34109
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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) *H Bud Beecroft* DATE **9-15 96**

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
BISTROS SIX ENTERPRISES, INC	107 MONTEREY DR BLDG 2070 ARBOUR WALK CIRCLE APT 3222	NAPLES FL 34106 34109	\$54260 600001954706 -09/24/96--01098--021 ***576.25 ***576.25

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 620, Florida Statutes.

SIGNATURE *H Bud Beecroft* DATE **9-15 96**
 Typed or Printed Name of General Partner Signing Form **H BUD BEECROFT** Daytime Telephone Number **941 514 3833**

CR2E003 (6/96)