

**FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

FILED *HL 11/23*
98 NOV 23 PM 12:32
SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # A31811
FLORIDA RESTAURANT UNDERWRITERS, LIMITED PARTNERSHIP	



Mailing Address 8100 OAK LAKE #306X MIAMI LAKES FL 33016	Principal Office Address 8100 OAK LAKE #306X MIAMI LAKES FL 33016
2. Mailing Address 15050 N. W. 79 Court Suite, Apt. #, etc. Suite 201 City & State Miami Lakes Zip Country 33016 USA	2a. Principal Office Address 15050 N. W. 79 Court Suite, Apt. #, etc. Suite 201 City & State Miami Lakes Zip Country 33016 USA

3. Date Formed or Registered 07/29/1991	5a. Capital Contributions as Shown on record. \$25,000.00
3a. Date of Last Report 10/02/1997	5b. Amount of Capital Contributions in FLORIDA to date: \$25,000
4. State or Country of Formation DE	
6. FEI Number 65-0272723	<input type="checkbox"/> Applied For <input checked="" 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 FINAN, MARY W. 8100 OAK LAKE #306X MIAMI LAKES FL 33016	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 15050 N. W. 79th Court Suite, Apt. #, etc. Suite 201 City Miami Lakes FL Zip Code 33016
--	--

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
BOWER EISEN FSTR SPR, INC	8100 OAK LAKE #306X 15050 N. W. 79 Court. suite 201	MIAMI LAKES FL 33016	S66823

500002702035--8
-12/03/98--01081--008
****263.75 ****263.75

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 629, Florida Statutes.

SIGNATURE *Jeffrey L. Eisen* DATE 11/16/98
Typed or Printed Name of General Partner Signing Form Jeffrey L. Eisen, VP Daytime Telephone Number (305-821-9500)

CR2E003 (8/98)