

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

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 OCT -3 PM 3:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership	1a. DOCUMENT # A31969
MONTY'S STONE CRAB AT BOCA RATON, LTD.	



Mailing Address 5901 SW 74 ST., #408 MIAMI FL 33143		Principal Office Address 5901 SW 74 ST., #408 MIAMI FL 33143		3. Date Formed or Registered 09/12/1991	5a. Capital Contributions as Shown on record \$300,000.00
				3a. Date of Last Report 10/26/1995	5b. Amount of Capital Contributions in FLORIDA to date \$300,000.00
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation FL		6. FEI Number 65-0263445	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State	City & State	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		8. Make check payable to: Dept. of State (See reverse side for fee information)	
Zip	Country	Zip		Country	

9. Name and Address of Current Registered Agent DIAZ, MANUEL A 2665 SOUTH BAYSHORE DR. SUITE 1100 MIAMI FL 33133	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) _____ 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) MONTY'S STONE CRABS AT BOCA	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 5901 S.W. 74 ST. STE.	11b. City, State & Zip Code MIAMI FL	11c. Registration/Document Number S52781
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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 *Manuel A. Diaz*, Vice-President, Monty's Stone Crabs at Boca Raton, Inc. **Manuel A. Diaz** **General Partner** DATE **9/30/96**
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number **(305) 285-0800**