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

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

FILED

ANNUAL REPORT 1997	Sandra Mortham Secretary of State DIVISION OF CORPORATI	ONS SECTIONS U	96 DEC 19 PH 2: 27 SECKLIARY U. STAIL TALLAHASSEE, FLORIDA	
1. Name of Limited Partnership PLANET HOLLYWOOD NEW	A32480 A32480	#		
			41457	
Mailing Address 7380 SAND LAKE ROAD. SUITE 600 ORLANDO FL 32819	Principal Office Address 7380 SAND LAKE ROAD. SUITE 600 ORLANDO FL 32819	3. Date Formed or Registered 01/21/1992 38. Date of Last Report	5a. Capital Contributions as Shown on record. \$2,000,000.00	
		3a. pate of Last Report 11/17/1995	5b. Amount of Capital Contributions in FLORIDA to date	
2. Mailing Address	2a. Principal Office Address	4. State or Country of Formation	\$2,000,000	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. FEI Number 59-3107454	Applied For Not Applicable	
City & State	City & State	7. Certificate of Status Desired	\$8.75 Additional	
Zip Country	Zip Country	8. Make check payable to Dept. of	Fee Required of State (See reverse side for fee information)	
9. Name and Address of Curre	ni Registered Agent	10. If changed, new Registers	ed Agent/Office	
JOHNSON, SCOTT E	Name			
7380 SAND LAKE ROAD, SUITE 650		Street Address (P.O. Box Number is Not Acceptable)		
ORLANDO FL 32819	Suite, A	Suite, Apt. #, etc.		
	City		FI Zip Code	
agent. I am familiar with, and accept the obligation	or registered agent, or both, in the State of Florida. Such o	shange was authorized by its general partner(s). I he	reby accept the appointment of registered	
A GENERAL PARTNER THAT	IS A CORPORATION, LIMITE	D PARTNERSHIP OR OTHE		
MUS	ST BE REGISTERED AND ACT	IVE WITH THIS OFFICE.		
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box Numbers		Document Number	
PLANET HOLLYWOOD INTERNATIONA	L 7380 SAND LAKE ROAD, SUITE 600	0RLANDO FL 32819 400002 -12/31	F94000006586 D421646 /9601056021 76.25 ****576.25	
	OT be changed on this form; an a	mendment must be filed to ch	ange a general partner.	
 I do hereby certify that the information supplied wit Corporations from any liability of non-configliance v 	h this filing is voluntarily furnished and does not qualify for ith Section 119.07(3)(k) in the event that the information s			

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 y chapter 620, Florida Statutes.

SIGNATURE.

Typed or Printed Name of General Partner Signing Form

Thomas Avallone

Daytime Telephone Number

(407) 352-6386

DATE 11/05/96