

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

**FILED**

**98 FEB 13 PM 2:00**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**



**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

**1. Name of Limited Partnership** **1a. DOCUMENT #**  
**A32721**

**FAT TUESDAY - TAMPA, LTD.**



**2. Mailing Address** **2a. Principal Office Address**  
1722 E. 7TH AVE. TAMPA FL 33605  
1722 E. 7TH AVE. TAMPA FL 33605

**3. Date Formed or Registered**  
03/23/1992

**5a. Capital Contributions as Shown on record.**  
\$525,000.00

**3a. Date of Last Report**  
11/04/1996

**5b. Amount of Capital Contributions in FLORIDA to date:**  
\$ 525,000

**4. State or Country of Formation**  
FL

**2. Mailing Address** **2a. Principal Office Address**

**6. FEI Number**  Applied For  Not Applicable  
59-3127516

Suite, Apt. #, etc. Suite, Apt. #, etc.

**7. Certificate of Status Desired**  \$8.75 Additional Fee Required

City & State City & State

**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**  
**TURNER, WILLIAM E**  
3103-A SAN RAFAEL, UNIT A  
TAMPA FL 33629

**10. If changed, new Registered Agent/Office**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City **FL** Zip Code

**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
BAY RESTAURANT MGMT.,INC	3103-A SAN RAFAEL, UN	TAMPA FL 33629	V11802
<p>600002436956--7 -02/20/88--01111--003 ****526.25 ****526.25</p> <p>437.50 88.75 dec</p>			

**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 William E. Turner, President DATE 2-10-98

Typed or Printed Name of General Partner Signing Form William E. Turner, President (770) 569-2593

CFR2E003 (12/97)