


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 Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 96 DEC 19 AM 11:14 12/27	
1. Name of Limited Partnership		1a. DOCUMENT # A93000000953			
WILLA SPRINGS FOOD ASSOCIATES, LTD.					
Mailing Address 120 INTERSTATE N. PARKWAY E. ESO. SUITE 112 ATLANTA GA 30339-2103		Principal Office Address C/O CHRISTOPHER C BROCKMAN. ESO. 2 SOUTH ORANGE AVENUE ORLANDO FL 32801		3. Date Formed or Registered 09/20/1993	
2. Mailing Address		2a. Principal Office Address		3a. Date of Last Report 10/10/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. State or Country of Formation FL	
City & State		City & State		5a. Capital Contributions as Shown on record. \$10,000.00	
Zip		Country		5b. Amount of Capital Contributions in FLORIDA to date:	
				6. FEI Number 59-3201630 <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 BROCKMAN, CHRISTOPHER C ESO. 2 SOUTH ORANGE AVENUE ORLANDO FL 32801				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	
ALL FOODS SERVICES, INC.		120 INTERSTATE N.PKWY		ATLANTA GA 30339	
				11c. Registration/ Document Number P93000065401 200002041562-4 -12/31/96--01004--010 ***208.75 ***208.75	
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 620, Florida Statutes.					
SIGNATURE _____ DATE Dec. 16/1996					
Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number 770 952 6152					

CR2E003 (6/96)