

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT  
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership	1a. DOCUMENT # A93000001421
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TR MANAGEMENT LIMITED	
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Mailing Address 15201 ROOSEVELT BLVD., SUITE 112 CLEARWATER FL 34620	Principal Office Address 15201 ROOSEVELT BLVD., SUITE 112 CLEARWATER FL 34620
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2. Mailing Address	2a. Principal Office Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country
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3. Date Formed or Registered 12/23/1993	5a. Capital Contributions as Shown on record \$1,000.00
3a. Date of Last Report 12/17/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$1,000.00
4. State or Country of Formation FL	6. FEI Number 59-3216113
	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)	

9. Name and Address of Current Registered Agent RUBIN, LESLIE A 15201 ROOSEVELT BLVD. SUITE 112 CLEARWATER FL 34620	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City <b>FL</b> 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) TUCSON RESTAURANT, INC., A F	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 15201 ROOSEVELT BLVD.	11b. City, State & Zip Code CLEARWATER FL 34620	11c. Registration/ Document Number S12274
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7000002370957-12  
-12/12/97--01086--018  
\*\*\*\*165.00 \*\*\*\*165.00

**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

*Leslie A. Rubin*

Typed or Printed Name of General Partner Signing Form

DATE  
Daytime Telephone Number 813-530-0021

FILED

97 DEC 10 PM 2:05

SECRETARY OF STATE,  
TALLAHASSEE, FLORIDA



JL/12/4

CR2E003 (6/97)