


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # A94000001289		
1. Entity Name CORRAL OF TALLAHASSEE LIMITED PARTNERSHIP		

Principal Place of Business 524 MOSS VIEW WAY TALLAHASSEE, FL 32312	Mailing Address 524 MOSS VIEW WAY TALLAHASSEE, FL 32312
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03112004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3269378	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
HINES, JAMES P ESQ. HINES & ASSOCIATES, P.A. 315 S. HYDE PARK AVENUE TAMPA, FL 33606	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____	DATE _____
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9. Capital Contributions as Shown on record. \$300,000.00	10. Amount of Capital Contributions in FLORIDA to date.
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A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	V31329	STREET ADDRESS	
NAME	YOMAR RESTAURANT, INC.	CITY-ST-ZIP	
STREET ADDRESS	P.O. BOX 16307 N/A		
CITY-ST-ZIP	TAMPA, FL 33687		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: 	JAMES S. Young Jr	3/19/04	877-988-6128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER		Date	Daytime Phone #