

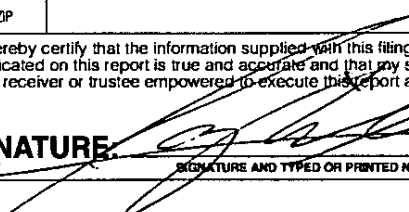


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

263.25

DOCUMENT # A95000000160						SECRETARY OF STATE DIVISION OF CORPORATIONS 05 JUN 20 AM 9:38	
1. Entity Name HOPS OF LAKE LAND, LTD.							
Principal Place of Business HANCOCK @ WASHINGTON MADISON, GA 30650			Mailing Address HANCOCK @ WASHINGTON MADISON, GA 30650				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip			Country				
						04282005 Chg-LP CR2E003 (10/03)	
						4. FEI Number 59-3294657	
						Applied For Not Applicable	
						5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>							
9. Capital Contributions as Shown on record. \$25,000.00				10. Amount of Capital Contributions in FLORIDA to date.			
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 #	P97000009985			STREET ADDRESS			
NAME	HOPS GRILL & BAR, INC.			CITY-ST-ZIP	800053860008		
STREET ADDRESS	HANCOCK @ WASHINGTON				05/05/05--01008--002 \$221.25		
CITY-ST-ZIP	MADISON, GA 30650						
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP	05/05/05--01008--001--\$1.25		
STREET ADDRESS							
CITY-ST-ZIP							
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP	800053860008		
STREET ADDRESS					06/20/05--01047--020 **2137.50		
CITY-ST-ZIP							
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
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CITY-ST-ZIP							
DOCUMENT #				STREET ADDRESS			
NAME				CITY-ST-ZIP			
STREET ADDRESS							
CITY-ST-ZIP							
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 				Perry Williams 5/1/05			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date Daytime Phone #			

STAPLE CHECK HERE