

FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1999



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 29 PM 3:15

1. Name of Limited Partnership

1a. DOCUMENT #
A95000000161

HOPS OF FLORIDA MALL, LTD.



Mailing Address

C/O HOPS GRILL & BAR, INC.
3030 N. ROCKY POINT DR. WEST, SUITE 650
TAMPA FL 33607

Principal Office Address

C/O HOPS GRILL & BAR, INC.
3030 N. ROCKY POINT DR. WEST, SUITE 650
TAMPA FL 33607

3. Date Formed or Registered

02/01/1995

5a. Capital Contributions as
Shown on record.

\$990.00

3a. Date of Last Report

01/14/1998

5b. Amount of Capital
Contributions in FLORIDA
to date:

\$990.00

2. Mailing Address

2a. Principal Office Address

2701 N. Rocky Point Dr.

2701 N. Rocky Point Dr.

Suite 300

Suite 300

Tampa, FL Country

Tampa, FL Country

33607. USA

33607 USA

4. State or Country of Formation

FL

6. FEI Number

59-3294660

☐ Applied For
☐ Not Applicable

7. Certificate of Status Desired

☒ \$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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. If changed, new Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City

141.25

875

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

HOPS GRILL & BAR, INC.

3030 N. ROCKY POINT DR.

TAMPA FL 33607

P97000009985

2701 N. Rocky Pt. Dr.
Suite 300

300002731113--0
-01/05/98--01092--003
****150.00 ****150.00

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

DATE

12/22/98

Typed or Printed Name of General Partner Signing Form

Terence Terenzi, CFO

Daytime Telephone Number 813-282-9350

CR2E003 (8/98)

America's Original Microbrewery Restaurant

Hops Restaurant • Bar & Brewery
2701 N. Rocky Point Dr., Suite 300
Tampa, FL 33607
Telephone: 813-282-9350
Facsimile: 813-282-9451



December 22, 1998

VIA AIRBORNE EXPRESS

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Attention: Diane Cushing, Corporate Specialist

Re: 1999 Annual Report
Hops of Florida Mall, Ltd.
Ref. #: A95000000161

Dear Ms. Cushing:

Enclosed please find the following documents:

1. Executed Annual Report
2. Check in the total amount of **\$150.00**, which represents \$52.50 for the Filing Fee, \$88.75 for the Supplemental Filing Fee and \$8.75 for the issuance of the Certificate of Status.

Please file the enclosed Annual Report and forward to me the Certificate of Status upon completion. Thank you for your assistance with this filing.

Sincerely,

Susan Bohne-ICD

Susan M. Bohne
Legal Counsel

SB/cd
Attachments