

**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**

04 APR 30 PM 12:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



04202004 Chg-LP CR2E003 (10/03)

4. FEI Number  
**59-3294660**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

<b>DOCUMENT # A95000000161</b>			
1. Entity Name <b>HOPS OF FLORIDA MALL, LTD.</b>			
Principal Place of Business <b>HANCOCK @ WASHINGTON MADISON, GA 30650</b>		Mailing Address <b>HANCOCK @ WASHINGTON MADISON, GA 30650</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY</b> <b>1201 HAYS STREET</b> <b>TALLAHASSEE, FL 32301-2525</b>		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		<b>FL</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. <b>\$25,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date. <b>\$25,000.00</b>	<b>\$ 263.75</b>
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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 #	P97000009985	STREET ADDRESS	
NAME	HOPS GRILL & BAR, INC.	CITY-ST-ZIP	
STREET ADDRESS	HANCOCK @ WASHINGTON		
CITY-ST-ZIP	MADISON, GA 30650		
DOCUMENT #		STREET ADDRESS	<del>980036281399</del>
NAME		CITY-ST-ZIP	<del>05/14/04-01005-001 **12171.25</del>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	<del>900036281399</del>
NAME		CITY-ST-ZIP	<del>05/14/04-01005-001 **12171.25</del>
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
STREET ADDRESS			
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:** *Percy Williams* **4/20/04** **(706) 343-2092**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE