


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED
2005 MAY -5 PM 3: 53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A95000000162					
1. Entity Name HOPS OF CORAL SPRINGS, 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	Zip	Country	4. FEI Number 59-3294665	
				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 _____					
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		
STREET ADDRESS	HANCOCK @ WASHINGTON				
CITY-ST-ZIP	MADISON, GA 30650				
DOCUMENT #			STREET ADDRESS	700053859387	
NAME			CITY-ST-ZIP	05/05/05--01008--001 **12171.25	
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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)(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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER				Date _____ Daytime Phone # _____	

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