

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

LIMITED PARTNERSHIP ANNUAL REPORT 1997	
1. Name of Limited Partnership	1a. DOCUMENT # A95000000259
SHONEY'S OF MARIANNA, LIMITED	



Mailing Address P.O. BOX 656 2944 WARM Springs Road EUFULA AL 36027 Columbus, GA 31909	Principal Office Address 115 FRONT STREET 2944 WARM Springs Road EUFULA AL 36027 Columbus, GA, 31909
2. Mailing Address	2a. Principal Office Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

3. Date Formed or Registered 02/23/1995	5a. Capital Contributions as Shown on record. \$275,000.00
3a. Date of Last Report 12/26/1995	
4. State or Country of Formation FL	5b. Amount of Capital Contributions in FLORIDA to date:
6. FEI Number APPLIED FOR 58-2227027	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
7. Certificate of Status Desired	<input type="checkbox"/> \$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 WILKINSON, THOMAS C 2881 JEFFERSON STREET MARIANNA FL 32447

10. If changed, new Registered Agent/Office
Name
Street Address (P.O. Box Number is Not Acceptable)
Suite, Apt. #, etc.
City 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) *Thomas C Wilkinson* DATE *12/20/96*

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) SHO-MAR, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 115 FRONT STREET 2944 WARM SPRINGS ROAD	11b. City, State & Zip Code EUFULA AL 36027 Columbus, GA, 31909	11c. Registration/Document Number P94000064433
900002054729--6 -01/10/97--01108--009 ***578.25 ***576.25			

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 Div's on 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 *D. Jeff McDaniel* DATE *12-20-96*
Typed or Printed Name of General Partner Signing Form: *Shi-men D. Jeff McDaniel* Daytime Telephone Number *334-687-2108*

CR2E003 (6/96)