

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



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

FILED

97 DEC 15 PM 2:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership

1a. DOCUMENT #
A95000000294

COUSINS RESTAURANT ASSOCIATES LTD.

Mailing Address

11400 NW 7 STREET
PLANTATION ACRES FL 33325

Principal Office Address

11400 NW 7 STREET
PLANTATION ACRES FL 33325

3. Date Formed or Registered

03/01/1995

5a. Capital Contributions as
Shown on record.

\$351,010.00

3a. Date of Last Report

01/21/1997

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

\$7,500

4. State or Country of Formation

FL

6. FEI Number

65-0557832

☐ 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

PETER G. GRUBER, P.A.
9100 SOUTH DADELAND BLVD.
ONE DATRAN CENTER, SUITE 910
MIAMI FL 33156

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

700002375347--1

-12717797-01086-029

****156.FL-1****156.25

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)

COUSINS MANAGEMENT CORP.

11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)

11400 NW 7 STREET

11b. City, State & Zip Code

PLANTATION ACRES FL 3

11c. Registration/
Document Number

P95000002021

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

Typed or Printed Name of General Partner Signing Form

HENRY LOACE

Daytime Telephone Number

CR2E003 (6/97)