


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	
1. Name of Limited Partnership SLOPPY JOE'S IRVINE, LTD.		1a. DOCUMENT # A95000001206	
Mailing Address 41 WEST CHURCH STREET, SUITE 200 ORLANDO FL 32801		Principal Office Address 41 WEST CHURCH STREET, SUITE 200 ORLANDO FL 32801	
2. Mailing Address Suite, Apt. #, etc. City & State Zip Country		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country	
3. Date Formed or Registered 08/11/1995		5a. Capital Contributions as Shown on record. \$1,225,000.00	
3a. Date of Last Report 12/26/1997		5b. Amount of Capital Contributions in FLORIDA to date: \$1,225,000.00	
4. State or Country of Formation FL		6. FEI Number 59-3341500 <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 HADLOW, RICHARD B ESQ. 220 SOUTH FRANKLIN STREET TAMPA FL 33602		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City 2000002735732-0 -01/13/99-01058-002 ***526.25 FL ***526.25	
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/ Document Number
MILLENNIUM SOUTHCAL, INC.	41 WEST CHURCH STREET	ORLANDO FL 32801	P95000060914
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		DATE Daytime Telephone Number	
MARK I. Gibson		12/10/98 (407) 425-6826	

FILED

98 DEC 24 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E003 (6/98)