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

LIMITED PARTNERSHIP ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

DOCUMENT # A95000001293

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA



PENSACOLA STEAKHOUSE, LTD.					
Mailing Address C/O ROY C. HOCKMAN 3184 CAHABA HEIGHTS ROAD BIRMINGHAM AL 35243	Principal Office Address 1200 PINE ISLAND ROAD PLANTATION FL 33324		3. Date Formed or Registered 08/30/1995 3a. Date of Last Report 11/13/1995	5a. Capital Contributions as Shown on record. \$725,010.00 5b. Amount of Capital Contributions in FLORIDA	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	10 date: 725,010.∞	
Suite, Apt. #, etc. City & State	Suite, Apt. #, etc. City & State		6. FEI Number 59-3318801 7. Certificate of Status Desired	Applied For Not Applicable	
Zip Country	Zip	Zip Country		\$8.75 Additional Fee Required 1 State (See reverse side for fee information)	
9. Name and Address of Current Registered Agent			10. If changed, new Registered Agent/Office		
C T CORPORATION SYSTEM 1200 PINE ISLAND ROAD PLANTATION FL 33324		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 for the purpose of changing its registered office or a sgent. I am familiar with, and accept the obligations SIGNATURE (Registered Agent Accepting Appointment) A GENERAL PARTNER THAT	egistered agent, or both, in the State of Florio of section 620,192, Florida Statules.	a. Such change wes	pauthorized by its general parther(s), i her	eby accept the appointment of registered	
MUST 11. Name(s) of General Panner(s)	BE REGISTERED AND Address of Each General I 11a. (Do NOT Use Post Office Box	ACTIVE V	VITH THIS OFFICE.	11c. Registration/	
PANHANDLE RESTAURANT MANAGEM	C/O HOCKMAN, 3184 CA		BIRMINGHAM AL 35243	P95000051621	
			900021 -01/03 ****5	0532793 /9701109007 76.25 ****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 filling is voluntarily furnished and does not qualify for the exemption stated in Section 119,07(3)(k), Florida Statutes. I release the Division of Congrations 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 should report is true and accurate and that my signature shall have the same legal effects as if made under each. I further certify that I am a General Partner of the limited partnership, receiver or trustee empayered to execute this report as required by chapter 620, Fiorida Statutes.

SIGNATURE

DATE 12-23-96