## FILE ON OR BEFORE APRIL 7, 1999 TO AVOID REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

**DOCUMENT #** A95000001503

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BISTRO ZENITH PALM BEACI	H, LIMITED PARTNER	SHIP	1 (4 MA) 1 (	II 2011 1011 0011 0011 1101 1101 1100 0111 0110 0111 1000
Mailing Address 127 N.W. 13TH STREET	Principal Office Address  127 N.W. 13TH STREET BAY #9 BOCA RATON FL 33432		3. Date Formed or Registered 10/09/1995	5a. Capital Contributions as Shown on record \$900,000.00  5b. Amount of Capital Contributions in FLORIDA to date
BAY #9 BOCA RATON FL 33432			3a. Date of Last Report 12/17/1997	
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		6. FEI Number 65-0606296	Applied For Not Applicable
City & State	City & State		7. Certificate of Status Desired	
Zip Country	Zip	Country		\$8.75 Additional Fee Required State (See reverse side for fee information)
9. Name and Address of Current	Registered Agent		10. If changed, new Registered	Agent/Office
LARSON, CRAIG 127 N.W. 13TH STREET BAY #9 BOCA RATON FL 33432		Name Street Address (P.O. Box Number is Not Acceptable)		
		Suite, Apt #, etc		
10a. Pursuant to the provisions of sections 620 1051 and for the purpose of changing its registered office or reagent. 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 Florid of section 620.192, Florida Statules.	a Such chang	ge was authorized by its general partner(s) There  DATE  PARTNERSHIP OR OTH	by accept the appointment of registered
11. Name(s) of General Partner(s)	11a. (Do NOT Use Post Office Box		11b. City, State & Zip Code	11c. Registration/
BISTRO CONCEPTS, INCORPORATE	127 NW 13TH STREET, B		BOCA RATON FL 33432	P95000055936
			<b>1 (10000</b> 2) -04/15 ****52	3411717 79301120007 26.25 ****526.25
Note: General partners MAY NOT	be changed on this form	; an ame	endment must be filed to ch	ange a general partner.
12. I do hereby certify that the information supplied with this from any liability of non-compliance with Section 119.0 is true and accurate and that my signaffice shall have the execute this report as required by chapter 620. Floridate	s filing is voluntarily furnished and does not qu 7(3)(k) in the event that the information suppl ne same legal effects as if made under oath	ialify for the exied is deemed	emption stated in Section 119 07(3)(k), Florida Statement from public access. I further certify that this	alutes it release the Division of Corporations information indicated on this annual report

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number