

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 APR 30 PM 2:24

1. Name of Limited Partnership

1a. DOCUMENT #
A95000001857

BIZ BISTRO, LTD.



Mailing Address

C/O TURNBERRY ASSOCIATES
2875 NE 101ST ST., STE. 400
AVENTURA FL 33180

Principal Office Address

C/O TURNBERRY ASSOCIATES
2875 NE 101ST ST., STE. 400
AVENTURA FL 33180

3. Date Formed or Registered

12/01/1995

5a. Capital Contributions as
Shown on record.

\$1,000,000.00

3a. Date of Last Report

10/24/1996

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

\$1,000,000.00

4. State or Country of Formation

FL

2. Mailing Address

c/o Turnberry Assoc
19501 Biscayne Blvd.

2a. Principal Office Address

c/o Turnberry Assoc.
19501 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 400/Attn: Legal Dept.

Suite, Apt. #, etc.

Suite 400/Attn: Legal Dept.

City & State

Aventura, FL

City & State

Aventura, FL

Zip

33180

Country

USA

Zip

33180

Country

USA

6. FEI Number

65-0614061

☐ 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

BARATTA, JASON
C/O TURNBERRY ASSOCIATES
2875 NE 101ST ST., STE. 400
AVENTURA FL 33180

10. If changed, new Registered Agent/Office

Name

Howard Shiller

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

c/o Turnberry Associates
19501 Biscayne Blvd.

Suite, Apt. #, etc.

Suite 400

City

Aventura

500002513495-3

05/06/98-01075-003

***1026.25

FL ***33180.25

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)

Howard Shiller

DATE

4/16/98

**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)

BEAUTY & THE BEASTS RESTAURA

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

2875 NE 101ST ST., 6F
19501 Biscayne Blvd.
Suite 400

11b. City, State & Zip Code

AVENTURA FL 33180

11c. Registration/
Document Number

P95000080152

REINSTATEMENT 98

OK 51

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

Howard Shiller

DATE

4/16/98

Typed or Printed Name of General Partner Signing Form

HOWARD SHILLER AGENT

Daytime Telephone Number

(305) 937-6200

CR2E003 (12/97)