
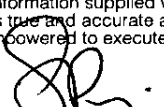


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

<b>DOCUMENT # A95000001949</b>					
<b>1. Entity Name</b> PEMBROKE PINES ALE HOUSE AND RAW BAR, LTD.					
<b>Principal Place of Business</b> 612 N. ORANGE AVENUE, SUITE C-6 JUPITER, FL 33458			<b>Mailing Address</b> 612 N. ORANGE AVENUE, SUITE C-6 JUPITER, FL 33458		
<b>2. Principal Place of Business</b> 11795 Pines Boulevard		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Pembroke Pines, Florida		<b>City &amp; State</b>		<b>4. FEI Number</b> 65-0619451	
<b>Zip</b> 33026		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MILLER, JOHN W 612 N. ORANGE AVENUE, SUITE C-6 JUPITER, FL 33458			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> Zip Code		
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>9. Capital Contributions as Shown on record.</b> \$400,000.00		<b>10. Amount of Capital Contributions in FLORIDA to date.</b>			
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
<b>12. GENERAL PARTNER INFORMATION</b>			<b>13. ADDRESS CHANGES ONLY</b>		
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	P94000069822 PEMBROKE PINES ALE HOUSE AND RAW BAR, INC. 612 N. ORANGE AVE., SUITE C-6 JUPITER, FL 33458		<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	600038549286 07/01/04--01038--003 **150.00	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	600038549286 07/01/04--01038--004 **376.25	
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		
<b>DOCUMENT #</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>			<b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		

**14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes**

**SIGNATURE:** 
4/12/04 561-743-2099

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

**FILED**

04 JUN -4 PM 3:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03292004 Chg-LP CR2E003 (10/03)

Applied For  
Not Applicable