

**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

59-3352823
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 NOV -4 PM 12: 11



1. Name of Limited Partnership N & G PROPERTIES, LTD.	1a. DOCUMENT # A95000002078
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Mailing Address 505 WEKIVA SPRINGS ROAD, SUITE 200 LONGWOOD FL 32779		Principal Office Address 505 WEKIVA SPRINGS ROAD, SUITE 200 LONGWOOD FL 32779		3. Date Formed or Registered 12/21/1995	5a. Capital Contributions as Shown on record. \$2,000.00
2. Mailing Address 1129 BROWNSHIRE COURT Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report 01/05/1996	5b. Amount of Capital Contributions in FLORIDA to date: \$1,000.00
City & State LONGWOOD, FL		City & State 		4. State or Country of Formation FL	
Zip 32779		Country		6. FEI Number 59-3352823	<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 GASPERONI, EMIL A JR 505 WEKIVA SPRINGS ROAD, SUITE 800 LONGWOOD FL 32779	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) GRILLWAY, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 505 WEKIVA SPRINGS RD SUITE 200	11b. City, State & Zip Code LONGWOOD FL 32779	11c. Registration/ Document Number P94000016980 700002002957--8 -11/13/96--01109--014 ****191.25 ****191.25 KWM
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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 _____

Emil Gasperoni DATE **10-26-96**

Typed or Printed Name of General Partner Signing Form _____

Daytime Telephone Number _____

CR2E003 (6/96)