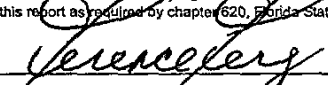


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 DEC 29 PM 3:15

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership HOPS OF ALTAMONTE SPRINGS, LTD.		1a. DOCUMENT # A96000000046	
Mailing Address C/O HOPS GRILL & BAR, INC. 3030 N. ROCKY POINT DR. WEST, STE. 650 TAMPA FL 33607		Principal Office Address C/O HOPS GRILL & BAR, INC. 3030 N. ROCKY POINT DR. WEST, STE. 650 TAMPA FL 33607	
2. Mailing Address 2701 N. Rocky Point Dr. Suite, Apt. #, etc. Suite 300 City & State Tampa, FL Zip 33607 Country USA		2a. Principal Office Address 2701 N. Rocky Point Dr. Suite, Apt. #, etc. Suite 300 City & State Tampa, FL Zip 33607 Country USA	
3. Date Formed or Registered 01/05/1996		5a. Capital Contributions as Shown on record. \$1,000.00	
3a. Date of Last Report 01/14/1998		5b. Amount of Capital Contributions in FLORIDA to date: \$1,000.00	
4. State or Country of Formation FL		6. FEI Number 59-3353730 ☐ 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 CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		10. If changed, new Registered Agent/Office Name 141.25 Street Address (P.O. Box Number is Not Acceptable) 8.75 Suite, Apt. #, etc. City FL Zip Code	
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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
HOPS GRILL & BAR, INC.	3030 N. ROCKY POINT DR. 2701 N. Rocky Pt. Dr. Suite 300	TAMPA FL 33607	P97000009985
100002731101--7 -01/05/99--01092--007 ****150.00 ****150.00			
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 		DATE 12/22/98	
Typed or Printed Name of General Partner Signing Form Terence Terenzi, CEO		Daytime Telephone Number 813-282-9350	

CR2E003 (8/98)

America's Original Microbrewery Restaurant

Hops Restaurant • Bar & Brewery
2701 N. Rocky Point Dr., Suite 300
Tampa, FL 33607
Telephone: 813-282-9350
Facsimile: 813-282-9451



December 22, 1998

VIA AIRBORNE EXPRESS

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Attention: Diane Cushing, Corporate Specialist

Re: 1999 Annual Report
Hops of Altamonte Springs, Ltd.
Ref. #: A96000000046

Dear Ms. Cushing:

Enclosed please find the following documents:

1. Executed Annual Report
2. Check in the total amount of **\$150.00**, which represents \$52.50 for the Filing Fee, \$88.75 for the Supplemental Filing Fee and \$8.75 for the issuance of the Certificate of Status.

Please file the enclosed Annual Report and forward to me the Certificate of Status upon completion. Thank you for your assistance with this filing.

Sincerely,

Susan M. Bohne
Legal Counsel

SB/cd
Attachments