


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

004558 AV

DOCUMENT # A96000000105

1. Entity Name
HOPS OF BOWLING GREEN, LTD.



FILED

03 MAY 28 AM 8 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business C/O HOPS GRILL & BAR, INC. 2701 N. ROCKY POINT DR., SUITE 300 TAMPA FL 33607	Mailing Address C/O HOPS GRILL & BAR, INC. 2701 N. ROCKY POINT DR., SUITE 300 TAMPA FL 33607
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2. Principal Place of Business Hancock @ Washington	3. Mailing Address Hancock @ Washington
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State Madison, GA	City & State Madison, GA
Zip 30650	Zip 30650
Country USA	Country USA

4. FEI Number 59-3354830	Applied For <input type="checkbox"/>
Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$25,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$25,000.00	11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION	
DOCUMENT #	P95000086645
NAME	HOPS OF THE OHIO VALLEY, INC.
STREET ADDRESS	2701 N. ROCKY POINT DR., SUITE 300
CITY-ST-ZIP	TAMPA FL 33607
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	Hancock @ Washington
CITY-ST-ZIP	Madison, GA 30650
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	100020038801
CITY-ST-ZIP	05/28/03--01024--001 **12477.50
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	203.75
CITY-ST-ZIP	

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: *Rory Williams* **5/21/03 (706) 343-2217**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date Daytime Phone #

STAPLE CHECK HERE

CR2E003 (10/02)