


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

LIMITED PARTNERSHIP ANNUAL REPORT <b>1999</b>		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership  KOO KOO ROO FLORIDA 104J LTD.		1a. DOCUMENT # <b>A96000000176</b>	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 DEC 31 PM 2:00



Mailing Address 10800 BISCAYNE BOULEVARD-PENTHOUSE MIAMI FL 33161		Principal Office Address 10800 BISCAYNE BOULEVARD-PENTHOUSE MIAMI FL 33161		3. Date Formed or Registered 01/19/1996	5a. Capital Contributions as Shown on record. \$10,000.00
2. Mailing Address 2701 ALTON PARKWAY Suite, Apt. #, etc.		2a. Principal Office Address Suite, Apt. #, etc.		3a. Date of Last Report 04/13/1998	5b. Amount of Capital Contributions in FLORIDA to date: \$10,000.00
City & State IRVINE CA		City & State		4. State or Country of Formation FL	6. FEI Number 65-0640664
Zip 92606		Country USA		7. Certificate of Status Desired <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent RYAN, NANCY 10800 BISCAYNE BOULEVARD-PENTHOUSE MIAMI FL 33161		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) R.A.C. 104J L.C.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10800 BISCAYNE BOULEV	11b. City, State & Zip Code MIAMI FL 33161	11c. Registration/Document Number L96000000099
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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

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

R.T. TREBING JR.

(949) 757-7900

CR2E03 (8/90)