

**FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra P. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
**98 MAY 12 AM 9:12**



<b>1. Name of Limited Partnership</b>  <b>2260 UNIVERSITY LIMITED</b>		<b>1a. DOCUMENT #</b> <b>A96000000403</b>	
<b>Mailing Address</b> C/O LONGHORN STEAKS, INC. 8215 ROSWELL ROAD, BUILDING 200 ATLANTA GA 30350		<b>Principal Office Address</b> 2260 UNIVERSITY DR. CORAL SPRINGS FL	
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
<b>3. Date Formed or Registered</b> 02/29/1996		<b>5a. Capital Contributions as Shown on record.</b> \$25,000.00	
<b>3a. Date of Last Report</b> 12/31/1996		<b>5b. Amount of Capital Contributions in FLORIDA to date.</b>	
<b>4. State or Country of Formation</b> FL		<b>6. FEI Number</b> 58-2229782 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
<b>7. Certificate of Status Desired</b> <input type="checkbox"/> \$8.75 Additional Fee Required		<b>8. Make check payable to: Dept. of State (See reverse side for fee information)</b>	

<b>9. Name and Address of Current Registered Agent</b>  <b>UNDERWOOD, JOHN J</b> 2911 NW BANYAN BLVD. CIRCLE BOCA RATON FL 33431		<b>10. If changed, new Registered Agent/Office</b>	
		Name	
		Street Address (P.O. Box Number is not acceptable) 400002522004 - 3	
		Suite, Apt. #, etc. 05/13/98 01064 025 *****175.00 *****175.00	
		City FL Zip Code 1704	
<b>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.</b>			
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.**

<b>11. Name(s) of General Partner(s)</b>	<b>11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)</b>	<b>11b. City, State &amp; Zip Code</b>	<b>11c. Registration/ Document Number</b>
<b>GOLD COAST RESTAURANT GROUP</b>	8215 ROSWELL RD., BLD	ATLANTA GA 30350	G96060900046

400002522004 - 3  
-05/13/98 - 01064 - 025  
\*\*\*\*\*88.75 \*\*\*\*\*88.75

**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 W. Douglas Bean DATE 4/8/98  
Typed or Printed Name of General Partner Since Form W. Douglas Bean Daytime Telephone Number 770-299-9456

CR2E003 (12/97)