

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

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1999



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

FILED

99 JAN -4 PM 2:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A96000001004
15135 N. KENDALL DRIVE LIMITED PARTNERSHIP	

Mailing Address C/O LONGHORN STEAKS, INC. 8215 ROSWELL ROAD, BUILDING 200 ATLANTA GA 30350	Principal Office Address 15135 N. KENDALL DRIVE MIAMI FL 33196	3. Date Formed or Registered 05/23/1996	5a. Capital Contributions as Shown on record. \$25,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 05/12/1998	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 58-2311895
City & State	City & State	7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent UNDERWOOD, JOHN J 2911 NORTHWEST BANYAN BLVD. CIRCLE BOCA RATON FL 33431	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) GOLD COAST RESTAURANT GROUP	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8215 ROSWELL RD., BUI	11b. City, State & Zip Code ATLANTA FL 30350	11c. Registration/ Document Number G96060900046
000002748550--7 -01/20/98--01103--015 ****272.50 ****272.50			

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 529, Florida Statutes.

SIGNATURE

W. Douglas Benn

DATE 12-22-98

Typed or Printed Name of General Partner Signing Form

W. Douglas Benn

Daytime Telephone Number

770-399-9595

CR2E003 (8/98)