

FILE ON OR BEFORE APRIL 9, 1997 TO AVOID REVOCATION AND \$500 PENALTY FEE

FILED
97 FEB 10 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra Mortham Secretary of State DIVISION OF CORPORATIONS
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1. Name of Limited Partnership J. RYAN'S ON THE GRILL, LTD.	1a. DOCUMENT # A96000001712 <i>97-AR CM</i>
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Mailing Address 1010 MAIN STREET, SUITE 202 SARASOTA FL 34236 8389 South Tamiami Trail Sarasota FL 34238-2935	Principal Office Address 8389 SOUTH TAMIA MI TRAIL SARASOTA FL 34-238-2935	3. Date Formed or Registered 09/16/1996	5a. Capital Contributions as Shown on record. \$300,000.00
2. Mailing Address 8389 S. Tamiami Tr		3a. Date of Last Report	
2a. Principal Office Address Suite, Apt. #, etc.		4. State or Country of Formation FL	
Suite, Apt. #, etc. Sarasota FL		6. FEI Number 65-0697284 <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable	
City & State 34238-2935		7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent

BENDER, HARRY K
5915 PONCE DE LEON BLVD., 6TH FLOOR
CORAL GABLES FL 33146

10. If changed, new Registered Agent/Office

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

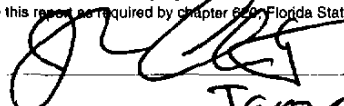
A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

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
CHANDLER, JAMES R III	1819 MAIN STREET, SUI	SARASOTA FL 34236	L96000000972 200002081432--9 -02/19/97--01010--002 ***541.25 ***541.25
BONFRERE, NICHOLAS	7535 CALLE FACIL	SARASOTA FL 34238	
GONZALEZ, RAFAEL	3185 NOVUS COURT	SARASOTA FL 34237	
W. DEMERE WEST, L.C.	4208 WINDEMERE PLACE	SARASOTA FL 34231	

CFR2E003 (11/96)

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 **Feb 5 1997**

Typed or Printed Name of General Partner Signing Form **James R Chandler III** Daytime Telephone Number **941 9233200**