

FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED  
97 NOV 20 AM 9:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Name of Limited Partnership

1a. DOCUMENT #  
**A96000002037**

CNL LOUISIANA RESTAURANTS, LTD.

98-AR/CUS  
CM



Mailing Address

400 E. SOUTH STREET, SUITE 500  
ORLANDO FL 32801

Principal Office Address

400 E. SOUTH STREET, SUITE 500  
ORLANDO FL 32801

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

2a. Principal Office Address

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Formed or Registered

10/30/1996

3a. Date of Last Report

03/06/1997

4. State or Country of Formation

FL

5a. Capital Contributions as Shown on record

\$2,600,000.00

5b. Amount of Capital Contributions in FL OFFICE to date

\$2,600,000.00

6. FEI Number

59-3407989

☐ Applied For  
☐ Not Applicable

7. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

BOURNE, ROBERT A  
400 E. SOUTH STREET, SUITE 500  
ORLANDO FL 32801

10. If changed, new Registered Agent/Office

Name

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

Suite, Apt. #, etc.

City

9000002357199-6

-11/25/97-01088-004

\*\*\*\*550.00 \*\*\*\*550.00

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)

CNL RESTAURANTS XV, INC.

11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)

400 E. SOUTH STREET,

11b. City, State & Zip Code

ORLANDO FL 32801

11c. Registration/Document Number

P96000086654

**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

11/11/97

Typed or Printed Name of General Partner Signing form

Robert A. Bourne, President

CNL Restaurants XV, Inc.

Daytime Telephone Number (407) 422-1574

CR2ED03 (6/97)