

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

**LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998**



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 APR 13 PM 12:15



158.75

<b>1. Name of Limited Partnership</b>	<b>1a. DOCUMENT #</b> <b>A96000002122</b>
<b>KOO KOO ROO FLORIDA 105J LTD.</b>	

<b>Mailing Address</b> 11075 SANTA MONICA BLVD.. #225 LOS ANGELES CA 90025		<b>Principal Office Address</b> 10800 BISCAYNE BOULEVARD - PENTHOUSE MIAMI FL 33161		<b>3. Date Formed or Registered</b> 11/15/1998	<b>5a. Capital Contributions as Shown on record.</b>  <b>\$10,000.00</b>
<b>2. Mailing Address</b>		<b>2a. Principal Office Address</b>		<b>3a. Date of Last Report</b> 06/13/1997	<b>5b. Amount of Capital Contributions in FLORIDA to date:</b>  10,000
Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>4. State or Country of Formation</b> FL	
City & State		City & State		<b>6. FEI Number</b> <b>APPLIED FOR</b> 45-0752687 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	<b>7. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	<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>  RYAN, NANCY 10800 BISCAYNE BOULEVARD, PENTHOUSE MIAMI FL 33161	<b>10. If changed, new Registered Agent/Office</b> 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.**

<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>
R.A.C. 105J L.C.	10800 BISCAYNE BOULEV	MIAMI FL 33161	L96000001215 800002491388--3 -04/16/98--01124--008 ***158.50 ****158.75

**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 *[Signature]* VP Controller DATE 4/8/98  
R.A.C. 105J L.C. 310-479-2080

CR2E003 (12/97)