


**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 SECRETARY OF STATE DIVISION OF CORPORATIONS 98 DEC 31 PM 2:01 <i>mt</i> <i>1/14</i>	
1. Name of Limited Partnership KOO KOO ROO FLORIDA 107J LTD.		1a. DOCUMENT # A96000002124			
Mailing Address 11075 SANTA MONICA BLVD., #225 LOS ANGELES CA 90025		Principal Office Address 10800 BISCAYNE BOULEVARD - PENTHOUSE MIAMI FL 33161		3. Date Formed or Registered 11/15/1996 3a. Date of Last Report 04/13/1998 4. State or Country of Formation FL 5a. Capital Contributions as Shown on record. \$10,000.00 5b. Amount of Capital Contributions in FLORIDA to date: \$ 10,000.00 6. FEI Number 65-0759143 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 8. Make check payable to: Dept. of State (See reverse side for fee information)	
2. Mailing Address 2701 ALTON PARKWAY Suite, Apt. #, etc. City & State IRVINE CA Zip Country 92606 USA		2a. Principal Office Address Suite, Apt. #, etc. City & State Zip Country		9. Name and Address of Current Registered Agent RYAN, NANCY 10800 BISCAYNE BOULEVARD - PENTHOUSE MIAMI FL 33161	
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.		10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City State Zip Code FL			
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) R.A.C. 107J L.C.		11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 10800 BISCAYNE BOULEV		11b. City, State & Zip Code MIAMI FL 33161	
11c. Registration/Document Number L96000001217		0000002747980--7 -01/20/98--01067--014 ****158.75 ****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 _____ Typed or Printed Name of General Partner Signing Form <i>R.T. TREBING, JR.</i>		DATE <i>12/28/98</i> Daytime Telephone Number <i>(949) 757-7900</i>			

CR2E003 (8/98)