


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

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| LIMITED PARTNERSHIP ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| 1. Name of Limited Partnership O'CASEY'S RESTAURANT AND IRISH PUB, LTD. | | 1a. DOCUMENT # A96000002204 | |
| Mailing Address 253 MIRACLE MILE CORLA GABLES FL 33134 | | Principal Office Address 253 MIRACLE MILE CORLA GABLES FL 33134 | |
| 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 12/03/1996 | |
| | | 3a. Date of Last Report 12/11/1996 | |
| | | 4. State or Country of Formation FL | |
| | | 5a. Capital Contributions as Shown on record. \$7,000.00 | |
| | | 5b. Amount of Capital Contributions in FLORIDA to date. 57,131 74 | |
| | | 6. FEI Number 65-0722692 <input type="checkbox"/> Applied For 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) | | | |

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

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| 9. Name and Address of Current Registered Agent LEGAL ASSETS, INC. 1401 BRICKELL AVENUE, SUITE 700 MIAMI FL 33131 | | 10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 300002429003--1 Suite, Apt. #, etc. -02/12/98--01080--001 City ****488.66 ****488.66 FL | |
|---|--|---|--|

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.

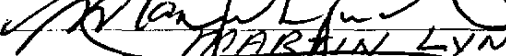
SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

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 |
|-----------------------------------|---|------------------------------|-----------------------------------|
| CARLYNFORD, INC. | 253 MIRACLE MILE | CORAL GABLES FL 33134 | P96000085064 |

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 600, Florida Statutes.

SIGNATURE  DATE **10/12/97**
 Typed or Printed Name of General Partner Signing Form **MARTIN LYNCH** Daytime Telephone Number **905-445-3777**

CR2E003 (6/97)