

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 30 AM 11:29

1. Name of Limited Partnership

1a. DOCUMENT #  
A96000002204

O'CASEY'S RESTAURANT AND IRISH PUB, LTD.

Mailing Address

253 MIRACLE MILE  
CORAL GABLES FL 33134

Principal Office Address

253 MIRACLE MILE  
CORAL GABLES FL 33134

3. Date Formed or Registered

12/03/1996

5a. Capital Contributions as  
Shown on record.

\$57,131.74

3a. Date of Last Report

03/12/1998

5b. Amount of Capital  
Contributions in FLORIDA  
to date:

\$ 365,000

4. State or Country of Formation

FL

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. FEI Number

65-0722682

☐ 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

LEGAL ASSETS, INC.  
1401 BRICKELL AVENUE, SUITE 700  
MIAMI FL 33131

10. If changed, new Registered Agent/Office

Name MARTIN LYNCH 52625  
Street Address (P.O. Box Number is Not Acceptable)  
253 MIRACLE MILE  
Suite, Apt. #, etc.  
City CORAL GABLES FL Zip Code 33134

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

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-01/08/99--01004--005  
\*\*\*1838.75 \*\*\*\*526.25

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

Typed or Printed Name of General Partner Signing Form

GENERAL PARTNER

Daytime Telephone Number

10/10/98  
305-445-3777

CR2E003 (8/98)