

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 DEC -5 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12/8

1. Name of Limited Partnership RESTAURANT AT THE FALLS, LTD.		1a. DOCUMENT # A96000002332	
Mailing Address 8800 SW 56 St. Miami, FL 33165		Principal Office Address 8800 SW 56 St. Miami, FL 33165	
2. Mailing Address 8944 N.W. 24th Terrace		2a. Principal Office Address 8944 N.W. 24th Terrace	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Miami, FL 33172		City & State Miami, FL 33172	
Zip USA		Zip USA	
3. Date Formed or Registered 12/10/98		5a. Capital Contributions as Shown on record. \$300.00	
3a. Date of Last Report 1/14/97		5b. Amount of Capital Contributions in FLORIDA to date: \$300.00	
4. State or Country of Formation Florida		6. FEI Number 65-0714564	
7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)			

9. Name and Address of Current Registered Agent GENE SINGLETARY 8800 SW 56 St. Miami, FL 33165		10. If changed, new Registered Agent/Office Name GENE SINGLETARY Direct Address (P.O. Box Number Is Not Acceptable) 8944 NW 24 Terrace Suite, Apt. #, etc. City Miami FL Zip Code 33172	
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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 this 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) RESTAURANT AT THE FALLS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 8944 NW 24 Terr.	11b. City, State & Zip Code Miami, FL 33172	11c. Registration/Document Number P96000099418
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CR25003 (6/97)

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

RESTAURANT AT THE FALLS, INC.

DATE **10/28/97**

Typed or Printed Name of General Partner Signing Form

GENE SINGLETARY, President

Daytime Telephone Number

(305) 592-1311