

**FILE ON OR BEFORE DECEMBER 31, 1996 OR PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 JAN -2 PM 12:30

1. Name of Limited Partnership FlorKing Restaurant II, Ltd. 400 East South Street Suite 200 Orlando, Florida 32801		1a. DOCUMENT # A96000002350	
2. Mailing Address PO Box 2031 Orlando, Florida 32801		3. Date Formed or Registered 12/15/96	
2a. Principal Office Address PO Box 2031 Orlando, Florida 32801		3a. Date of Last Report NEW	
2b. City, State & Zip Orlando, Florida 32801		4. State or Country of Formation Florida	
2c. Country USA		5a. Capital Contributions as Shown on record \$1,000,000	
2d. City, State & Zip Orlando, Florida 32801		5b. Amount of Capital Contributions in FLORIDA to date: \$1,000,000	
2e. Country USA		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
2f. City, State & Zip Orlando, Florida 32801		7. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
2g. Country USA		8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent James A. Hartman 400 East South Street Suite 200 Orlando, Florida 32801		10. If changed, new Registered Agent/Office Name 000002062060--5 Street Address (P.O. Box Number is Not Acceptable) 01/17/97--01071--009 Suite, Apt. #, etc. ****446.25 ****446.00 City FL Zip Code	
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10a. Pursuant to the provisions of sections 620.1061 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) *James A. Hartman* DATE **12-21-96**

**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) FlorKing Restaurant Holdings Corp.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 400 East South St. Suite 200 Orlando, FL 32801	11b. City, State & Zip Code 000002062060--5 -01/17/97--01071--013 ****446.25 ****138.75 138.75 cus/KWM	11c. Registration/Document Number P96000082079
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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

James A. Hartman
JAMES A. HARTMAN

DATE **12-21-96**

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number **(407) 425-2543**

CR2E003 (6/96)