

**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		1a. DOCUMENT # A96000002352	
FlorKing Restaurant IV, Ltd. 400 East South Street Suite 200 Orlando, Florida 32801			
Mailing Address		Principal Office Address	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
3. Date Formed or Registered 12/15/96		5a. Capital Contributions as Shown on record \$1,000,000	
3a. Date of Last Report NEW		5b. Amount of Capital Contributions in FLORIDA to date: \$1,000,000	
4. State or Country of Formation Florida		6. FEI Number <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Certificate of Status Desired <input checked="" type="checkbox"/> \$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		10. If changed, new Registered Agent/Office	
James A. Hartman 400 East South Street Suite 200 Orlando, Florida 32801		Name	
		Street Address (P.O. Box Number is Not Acceptable) 300002062063--6	
		Suite, Apt. #, etc. -01/17/97--01071--011	
		City ****446.25 ****446.00 FL Zip Code	

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) *James A. Hartman* DATE **12.31.96**

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)	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers)	11b. City, State & Zip Code	11c. Registration/Document Number
FlorKing Restaurant Holdings Corp.	400 East South St Suite 200	Orlando, FL 32801	A960000082079
		300002062083--4 -01/17/97--01071--013 ****446.25 ****138.75	138.75 <i>CWS/KWM</i>

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* DATE **12.31.96**
Type: **Printed Name of General Partner Signing Form** **James A. Hartman** Daytime Telephone Number **(407) 425-2543**

CR2E003 (6/96)