

FILE ON OR BEFORE APRIL 8, 1998 TO AVOID  
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP  
ANNUAL REPORT  
1998



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

98 FEB 16 PM 3:54



1. Name of Limited Partnership

1a. DOCUMENT #  
A97000000409

FLOKING RESTAURANT V, LTD.

Mailing Address

400 E. SOUTH STREET, SUITE 200  
ORLANDO FL 32801

Principal Office Address

400 E. SOUTH STREET, SUITE 200  
ORLANDO FL 32801

3. Date Formed or Registered

02/11/1997

5a. Capital Contributions as  
Shown on record.

\$1,000,000.00

3a. Date of Last Report

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

4. State or Country of Formation

FL

6. FEI Number

☒ 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)

2. Mailing Address

205 S Eola Drive

2a. Principal Office Address

205 S Eola Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Orlando, Florida

City & State

Orlando, Florida

Zip

32801

USA

Country

Zip 32801

Country

USA

9. Name and Address of Current Registered Agent

10. If changed, new Registered Agent/Office

HARTMAN, JAMES A

400 E. SOUTH STREET, SUITE 200  
ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

205 S Eola Drive

Suite, Apt. #, etc.

City Orlando

500002435355-4

-02/19/98--01066--005

\*\*\*526.25 FL #22626.25

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

FLOKING RESTAURANT HOLDINGS

~~400 E. SOUTH STREET,~~  
205 South Eola Dr.

ORLANDO FL 32801

P96000082079

**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

2/13/98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/97)