


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

**FILED**  
**Apr 30, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # A97000001325</b>		
1. Entity Name EMERALD COAST RESTAURANT AVENTURA LTD		

Principal Place of Business 4519 N. PINE ISLAND ROAD SUNRISE, FL 33433	Mailing Address 700 S. FEDERAL HWY., STE. 200 BOCA RATON, FL 33432
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



04202004    Chg-LP    CR2E003 (10/03)

4. FEI Number <b>65-0843719</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  GARELLEK, STEVEN 700 S. FEDERAL HWY., STE. 200 BOCA RATON, FL 33432	<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P O Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and later applicable

9. Capital Contributions as Shown on record <b>\$500,000.00</b>	10. Amount of Capital Contributions in FLORIDA to date <b>500,000.00</b>
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**  
**NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000050828	STREET ADDRESS	
NAME	EMERALD COAST RESTAURANT AVENTURA INC.	CITY - ST - ZIP	
STREET ADDRESS	4519 NORTH PINE ISLAND ROAD		
CITY - ST - ZIP	SUNRISE, FL 33351		
DOCUMENT #	P96000076939	STREET ADDRESS	0000000158507
NAME	COR-LYN (USA) CORP.	CITY - ST - ZIP	05/07/04-80024-020 526.25
STREET ADDRESS	4519 PINE ISLAND ROAD		
CITY - ST - ZIP	SUNRISE, FL 33351		
DOCUMENT #		STREET ADDRESS	
NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			
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STREET ADDRESS			
CITY - ST - ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

**SIGNATURE:** William Y. F. Liung **APRIL 27/04** 205-787-1530  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE