


FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP
WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership WILT'S RESTAURANT GROUP OF BOCA RATON, LTD.		1a. DOCUMENT # A97000001798	
Mailing Address 21000 BOCA RIO RD., SUITE K BOCA RATON FL 33434	Principal Office Address 21000 BOCA RIO RD., SUITE K BOCA RATON FL 33434	3. Date Formed or Registered 08/21/1997	5a. Capital Contributions as Shown on record. \$450,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report 06/09/1998	5b. Amount of Capital Contributions in FLORIDA to date:
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
City & State	City & State	6. FEI Number 65-0774918	<input type="checkbox"/> \$8.75 Additional Fee Required
Zip	Country	7. Certificate of Status Desired <input type="checkbox"/>	8. Make check payable to: Dept. of State (See reverse side for fee information)

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



9. Name and Address of Current Registered Agent FRIEDLAND, PHILIP M CPA PA 1499 W PALMETTO PARK ROAD, SUITE 416 BOCA RATON FL 33486	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City
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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 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) WILT'S OF BOCA, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 21000 BOCA RIO RD., SU	11b. City, State & Zip Code BOCA RATON FL 33434	11c. Registration/Document Number P97000072285
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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

DATE

12-9-98

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)