

2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

DOCUMENT # A97000001908 1. Entity Name DAYTONA ALE HOUSE AND RAW BAR, LTD.					
Principal Place of Business 612 N. ORANGE AVENUE, SUITE C-6 JUPITER, FL 33458			Mailing Address 612 N. ORANGE AVENUE, SUITE C-6 JUPITER, FL 33458		
2. Principal Place of Business <i>2610 W. Int'l Speedway Blvd</i> Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State <i>Daytona Beach Florida</i>		City & State		4. FEI Number 03222004 Chg-LP CR2E003 (10/03) 65-0776911	
Zip <i>32114</i>		Country <i>US</i>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MILLER, JOHN W 612 N. ORANGE AVENUE, SUITE C-6 JUPITER, FL 33458				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
9. Capital Contributions as Shown on record. \$450,000.00			10. Amount of Capital Contributions in FLORIDA to date.		
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 #	P94000069772		STREET ADDRESS		
NAME	DAYTONA ALE HOUSE AND RAW BAR, INC.		CITY-ST-ZIP		
STREET ADDRESS	612 N. ORANGE AVENUE, SUITE C-6		STREET ADDRESS		
CITY-ST-ZIP	JUPITER, FL 33458		CITY-ST-ZIP		
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STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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:			Date: <i>4/21/04</i> Daytime Phone #: <i>561-732-2999</i>		

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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