## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT  1998	Secretary of Sta  DIVISION OF CORPOR	te	97 DEC 22 AM 10: 1:9	
1. Name of Limited Partnership	1a A97000002005	Γ#	SLOW MICH OF STATE TALLANASSEE.FLORIEA	
JRJ Restaurants	Ltd.			St 12/30
Mailing Address	Principal Office Address		3. Date forward or Reg stered	5a. Capital Contributions as Shown on record
5401 S. Kirkman Rd.	5401 S. Kirkman Rd.			\$2,000,000.00
Suite 725	Suite 725		3a. Date of Last Report	
Orlando, FL 32819	Orlando, FL 32819			5b. Amount of Capital Contributions in FLORIDA
2. Mailing Address	2a. Principal Office Address		4. State or Country of Formation	Contributions in FLORIEM to date:
Suite, Apt. #, etc.  City & State	Suite, Apt. #, etc. City & State	6. <b>59</b> ×		Applied For Not Applieable
City & State	City & State		7. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip Country	Zip Count	гу	8. Make check naviable to Doot o	Fee Required  f State (See reverse side for fee information)
Orlando, FL 32819		Street Address (P.O. Box Number Is Not Acceptable)  Suite. Apt. #, etc  City  FL  Zip Code		
for the purpose of changing its registered office agent. I am familiar with, and accept the oblige SIGNATURE (Registered Agent Accepting Appointment A GENERAL PARTNER THAT		ch change was au	NERSHIP OR OTHE	the State of Florida, submits this statement reby accept the appointment of registered
11. Name(s) of General Partner(s)	11a. Address of Each General Partne (Do NOT Use Post Office Box Numb	ers) 11b.	City, State & Zip Code	11c. Registration/ Document Number
JRJ Associates, Inc.	5401 S. Kirkman Rd. Ste. 7	/25	Orlando, FL 32819	P97000065227
			-1 *	2/31/97-01036-014 ***541.25 ****541.25
Note: General partners MAY N	OT be changed on this form; an	amendme	nt must be filed to ch	ange 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 hability of non-compliance with Section 119,07(3)(k) in the event that the information supplied is decreed exempt from public access. Further certify that the information indicated on this annual roport is true and accurate and that my signature shall have the same logal effects as if made under eath. 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 -

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number (407) 354-2200