

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED PARTNERSHIP
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

1. Name of Limited Partnership		1a. DOCUMENT # A97000002277	
A S A Restaurant Group, Ltd.		GA-AA CM	
Mailing Address 3105 Carysfort Lane Margate, Florida 33063		Principal Office Address 3105 Carysfort Lane Margate, Florida 33063	
2. Mailing Address		2a. Principal Office Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip Country		Zip Country	
3. Date Formed or Registered October 13, 1997		5a. Capital Contributions as Shown on record 120,000.00	
3a. Date of Last Report N/A		5b. Amount of Capital Contributions in FLORIDA to date:	
4. State or Country of Formation Florida		6. FEI Number 65-0786217	
7. Certificate of Status Desired		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
8. Make check payable to: Dept. of State (See reverse side for fee information)		\$8.75 Additional Fee Required	

9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office	
William P. Weatherford, Jr. 1031 W. Morse Blvd., Suite 105 Winter Park, Florida 32789		Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
		3800002360863-8 -12/02/97--01060--006 ***541.25 ***541.25 FL	

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
A S A Restaurant Group, Inc.	3105 Carysfort Lane	Margate, Florida 33063	P97000088845

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

Robert Andrew Abbajay

DATE

11/16/97

Typed or Printed Name of General Partner Signing Form

Robert Andrew Abbajay

Daytime Telephone Number

954 968 2590

CR2503 (6/97)