


FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT 1999			FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
1. Name of Limited Partnership A S A RESTAURANT GROUP, LTD.		1a. DOCUMENT # A97000002277		
Mailing Address 3105 CARYSFORT LANE MARGATE FL 33063		Principal Office Address 3105 CARYSFORT LANE MARGATE FL 33063		
2. Mailing Address		2a. Principal Office Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip Country		Zip Country		

FLORIDA
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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3. Date Formed or Registered 10/13/1997	5a. Capital Contributions as Shown on record \$120,000.00
3a. Date of Last Report 11/24/1997	5b. Amount of Capital Contributions in FLORIDA to date 3800
4. State or Country of Formation FL	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
6. FE# Number 65-0786217	<input type="checkbox"/> \$8.75 Additional Fee Required
7. Certificate of Status Desired <input type="checkbox"/>	
8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent WEATHERFORD, WILLIAM P JR 1031 WEST MORSE BLVD., SUITE 105 WINTER PARK FL 32789	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
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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) A S A RESTAURANT GROUP, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 3105 CARYSFORT LANE	11b. City, State & Zip Code MARGATE FL 33063	11c. Registration/Document Number P97000088845
7000002840657--0 -04/15/99--01097--006 ****526.25 ****526.25 OK 4/9/99			

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

Andy Skirney

DATE

4/5/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (12/98)