

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

FILED

99 JAN -4 PM 1:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1. Name of Limited Partnership	1a. DOCUMENT # A98000000351
FINS RAW BAR & GRILL, LTD.	

Mailing Address 6767 NORTH WICKHAM ROAD, SUITE 400 MELBOURNE FL 32940	Principal Office Address 6767 NORTH WICKHAM ROAD, SUITE 400 MELBOURNE FL 32940	3. Date Formed or Registered 01/27/1998	5a. Capital Contributions as Shown on record. \$200,000.00
2. Mailing Address	2a. Principal Office Address	3a. Date of Last Report NEW CORP	5b. Amount of Capital Contributions in FLORIDA to date: 200,000.00
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. State or Country of Formation FL	6. FEI Number 59-3494754
City & State	City & State	7. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip Country	Zip Country	8. Make check payable to: Dept. of State (See reverse side for fee information)	

9. Name and Address of Current Registered Agent POORE, DAVID W 6767 NORTH WICKHAM ROAD, SUITE 400 MELBOURNE FL 32940	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) David W. Poore DATE 12-31-98

**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) SEBASTIAN FINS, INC.	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 6767 NORTH WICKHAM RO	11b. City, State & Zip Code MELBOURNE FL 32940	11c. Registration/ Document Number P98000006337
400002748744--2 -01/21/99--01004--015 ****526.25 ****526.25			

**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 David W. Poore DATE 12-31-98  
Typed or Printed Name of General Partner Signing Form DAVID W. POORE Daytime Telephone Number 407-259-2934

CR2E003 (8/98)