

**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. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 FEB -1 AM 10: 59

1. Name of Limited Partnership

1a. DOCUMENT #
A9800000525

AURELIO RESTAURANT CONCEPTS, LTD.



Mailing Address

Principal Office Address

% ECLECTIC CONCEPTS, INC.
2450 SW 137TH AVE., SUITE 226
MIAMI FL 33175

% AURELIO RODRIGUEZ
10730 NW 25TH STREET
MIAMI FL 33172

3. Date Formed or Registered

02/26/1998

5a. Capital Contributions as Shown on record.

\$9,000.00

3a. Date of Last Report

5b. Amount of Capital Contributions in FLORIDA to date:

9000.00

4. State or Country of Formation

FL

6. FEI Number

65-0847019

Applied For
 Not Applicable

7. Certificate of Status Desired

\$8.75 Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

2. Mailing Address

10730 NW 25 ST
Suite, Apt. #, etc.

2a. Principal Office Address

10730 NW 25 ST.
Suite, Apt. #, etc.

City & State

MIAMI

City & State

MIAMI

Zip

33172 Miami, Dade

Zip

33172 Miami, Dade

9. Name and Address of Current Registered Agent

~~A&P REGISTERED AGENT, INC.~~
~~2450 SW 137TH AVE., SUITE 226~~
~~MIAMI FL 33175~~

10. If changed, new Registered Agent/Office

Name: **Aurelio Rodriguez**
Street Address (P.O. Box Number is Not Acceptable):
120 SW 26 RD
Suite, Apt. #, etc.
City: **MIAMI** Zip Code: **FL 33129**

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

ECLECTIC CONCEPTS, INC.

% 10730 NW 25TH STREE

MIAMI FL 33172

P98000018698

900002766649--5
-02/05/99-01120--022
***151.75 ***151.75

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 *[Signature]*

DATE

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

CR2E003 (8/98)