


**2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004**

**FILED
Apr 19, 2004 08:00 AM
Secretary of State**

DOCUMENT # A98000000602	
1. Entity Name VISTAR RESTAURANTS LIMITED	

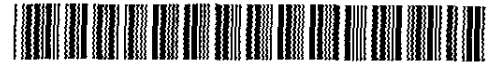
Principal Place of Business 5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819	Mailing Address 5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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03192004 Chg-LP CR2E003 (10/03)

4. FEI Number 59-3496619	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

KHATIB, RASHID A
5728 MAJOR BLVD., STE. 601
ORLANDO, FL 32819

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [Signature] DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record. \$1500,000.00	10. Amount of Capital Contributions in FLORIDA to date. \$1,600,000.00	\$ 526.25
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**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	P97000108799	STREET ADDRESS	
NAME	VISTAR RESTAURANTS, INC.	CITY - ST - ZIP	
STREET ADDRESS	5728 MAJOR BLVD., STE. 601		
CITY - ST - ZIP	ORLANDO, FL 32819		
DOCUMENT #		STREET ADDRESS	000000133184
NAME		CITY - ST - ZIP	04/27/04-80078-004 526.25
STREET ADDRESS			
CITY - ST - ZIP			
DOCUMENT #		STREET ADDRESS	
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NAME		CITY - ST - ZIP	
STREET ADDRESS			
CITY - ST - ZIP			

STAPLE CHECK HERE

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: [Signature] DATE 3/23/04 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER