


**2008 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2008**

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

08 APR 25 PM 12:13

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 - No P.O. Box # 7932 W. Sand Lake Rd.	3. Mailing Address 7932 W. Sand Lake Rd.
4. Suite, Apt., etc. Suite 300	5. Suite, Apt., etc. Suite 300

6. City or State Orlando, FL	7. City or State Orlando, FL
8. Zip 32819	9. Country
10. Zip 32819	11. Country



03112008 Chg-LP CR2E003 (12/06)

4. FEI Number 59-3496619	Applied For 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		7. Name and Address of New Registered Agent	
KHATIB, RASHID A 5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819		Name Street Address (P.O. Box Number is Not Acceptable) 7932 W. Sand Lake Rd. Ste 300 Orlando, FL 32819 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2008, Fee will be \$900.00**

900125591929  
 04/24/08--01035--024 \*\*500.00

**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 # NAME STREET ADDRESS CITY-ST-ZIP	P97000108799 VISTAR RESTAURANTS, INC. 5728 MAJOR BLVD., STE. 601 ORLANDO, FL 32819	STREET ADDRESS CITY-ST-ZIP	7932 W. Sand Lake Rd. Ste 300 Orlando, FL 32819
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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** 29 [Signature] 4/8/08 407-354-2200  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE