2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

FILED SECRETARY OF STATE DIVISION OF CORPORATION

	DOCUMENT # A9800000643				1012121	THE CHEE	ORAHON:	S	
	DURANGO STEAKHOUSE OF QUEEN'S HARBOUR, LTD.					S.M. I. O4 MAR -5 MAM 10: 51			
- 1					THE PARTY OF THE P		· · · · · · · · · · · · · · · · · · ·		
	Principal Place of Business Mailing Address 2325 ULMERTON ROAD, SUITE 20 CLEARWATER, FL 34622 CLEARWATER, FL 34622								1/41 81883 14184; E1 1386
	Principal Place of Business Amailing Address								
	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		01232004	Chg-LP	CR2E003	(10/03)	
	City & State		City & State			4. FEI Number 59-3497			Applied For Not Applicable
	Zip			Cour	ntry 5. Certificate of Status Desired				
ŀ	6. Name and Address of Current Registered Agent					7. Name and	Address of New R	egistered Age	nt
					Name				
	GILES, JOEL B. 200 CENTRAL AVENUE, SUITE 2300 P.O. BOX 2861 ST PETERSBURG, FL 33731-2861			•	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 ————————————————————————————————————							DATE	
 _	-9 Capital Contributions \$47,500.00 -10. Amount of Capital Contributions in FLORIDA to date.						_	<u> </u>	
STAPLE CHECK HERE	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.							er.	
	12.	GENERAL PARTNER INFORMATION				ADDRESS CHANGES ONLY			
	DOCUMENT # NAME	P98000006358 DURANGO STEAKHOUSE OF QUEEN'S HARBOUR, INC 2325 ULMERTON ROAD, SUITE 20 CLEARWATER, FL 337312861			EET ADDRESS	700030965867 - 03/24/04 - 01018 - 005 - **421.25			
	STREET ADDRESS CITY-ST-ZIP				(-ST-ZIP				
	DOCUMENT # NAME				EET ADDRESS				
	STREET ADDRESS CITY-SI-ZIP				/-ST-ZIP				
	DOCUMENT # NAME			\$TR	EET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP	-		cin	r-ST-ZIP				
	DOCUMENT /			STR	EET ADDRESS		والمستعدد والمستعد والمستعدد والمستعد والمستعدد والمستعد والمستعدد والمستعد والمستعدد والمستعد والمستعدد والمستد والمستعد والمستعدد والمستعدد والمستعد والمستعد والمستعد والمستع	حت المستنجة	
	STREET ADORESS CITY-ST-ZIP		•	cm	/-ST-ZIP				
	DOCUMENT #			STR	EET ADDRESS	·			
	STREET ADDRESS CITY-ST-ZIP			cm	r-ST-ZIP				
	DOCUMENT #			STR	EET ADDRESS				
	STREET ADDRESS CITY-ST-ZIP	·			r-ST-ZIP				
	indicated	14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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 of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes							

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNADO GENERAL PARTNER

SIGNATURE: