

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000001145

1. Entity Name

CHOICE RESTAURANT ACQUISITION LTD.

Principal Place of Business

8011 S. DIXIE HWY.  
WEST PALM BEACH FL 33405

Mailing Address

8011 S. DIXIE HWY.  
WEST PALM BEACH FL 33405

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0834082

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GLIDDEN, DAWN M CFO  
8011 S. DIXIE HIGHWAY  
WEST PALM BEACH FL 33405

7. Name and Address of New Registered Agent

Name - - - - - *Donna Irwin, CFO*

Street Address (P.O. Box Number is Not Acceptable)

*8011 S Dixie Highway*

City

*West Palm Beach*

FL

Zip Code

*33405*

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.

SIGNATURE *Donna Irwin*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

*4/20/01*

DATE

9. Capital Contributions  
as Shown on record.

\$3,000,000.00

10. Amount of Capital Contributions  
in FLORIDA to date.

*3,000,000.00*

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

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 #	P98000041519	STREET ADDRESS	500004469565
NAME	CHOICE RESTAURANT MANAGEMENT CORP.	CITY-ST-ZIP	-07/11/01--01059--026
STREET ADDRESS	8011 S. DIXIE HWY.		***526.25 ***526.25
CITY-ST-ZIP	WEST PALM BEACH FL 33405		
DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

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 or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

*SIGNS* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

*5/17/2001*

*561-588-4002*

Date

Daytime Phone #

1999000  
AF

CR2E003 (11/00)