

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

Zip

Country

Zip

Country

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 **Dona 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

Dona Irwin

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

Dawn M Glidden

(NOTE: Registered Agent signature required when reinstating)

7/20/01

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

DOCUMENT # **P98000041519**
NAME **CHOICE RESTAURANT MANAGEMENT CORP.**
STREET ADDRESS **8011 S. DIXIE HWY.**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

13. ADDRESS CHANGES ONLY

STREET ADDRESS

CITY-ST-ZIP

500004469565--3

-07/11/01--01059--026

*****526.25 ***526.25**

DOCUMENT #
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STREET ADDRESS
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:

Dawn M Glidden **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

5/17/2001

Date

561-588-4002

Daytime Phone #

CR2E003 (11/00)

0006951 AF

FILED

01 JUN 28 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE