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DIVISION OF CORPORATION

LIMITED PARTNERSHIP REINSTATEMENT

CHOICE RESTAURANT ACQUISITION LTD.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 DEC 14 1A 8:30

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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |                                                                                                                                                                        |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>LIMITED PARTNERSHIP REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                               |  <b>FLORIDA DEPARTMENT OF STATE</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |                                                   | <b>FILED</b><br>2005 DEC 14 A 8:30<br>SECRETARY OF STATE<br>TALLAHASSEE, FLORIDA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| <b>DOCUMENT # A98000001145</b><br>1. Name of Limited Partnership<br>Choice Restaurant Acquisition Ltd.                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                               |                                                                                                                                                                        |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 2. Principal Office Address<br>c/o 222 Lakeview Avenue<br>Suite, Apt. #, etc.<br>Suite 1330<br>City & State<br>West Palm Beach, FL<br>Zip<br>33401<br>Country<br>USA                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                               | 3. Mailing Office Address<br>P.O. Box 211087<br>Suite, Apt. #, etc.<br>City & State<br>West Palm Beach, FL<br>Zip<br>33421<br>Country<br>USA                           |                                                   | 4. Date Form(s) or Return(s) To Do Business in Florida<br>05/08/1998<br>5. Fil Number<br>65-0834082<br>Applied For<br>Not Applicable                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
| 6. Name and Address of Current Registered Agent<br>Name<br>Corporate Creations Network, Inc.<br>Street Address (P.O. Box Number is Not Recommended)<br>11380 Prosperity Farms Road, #221B<br>Suite, Apt. #, Etc.<br>City<br>Palm Beach Gardens<br>State<br>FL<br>Zip Code<br>33410                                                                                                                                                                                                                                                                 |                                                                                                               |                                                                                                                                                                        |                                                   | 7a. Capital Contributions or shown on Report:<br>\$3,000,000.00<br>7b. Amount of Capital Contributions in FLORIDA to date:<br>\$3,000,000.00<br><b>FEES:</b><br>1) Filing Fee(s): Computed at a rate of \$7 per \$1,000 on amount entered in 7b, with a minimum filing fee of \$42.50 and a maximum of \$437.50. For each year this office.<br>2) Supplemental Fee(s): \$55.75 per each year this office, beginning with 1998 calendar year.<br>3) Penalty Fee(s): \$500 penalty fee for each year report form is due. Note: If the amount entered in 7b is greater than amount entered in 7a, a supplemental affidavit must be submitted along with a separate and appropriate filing fee. |  |
| 8. I am hereby certifying that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 219.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to prepare this report as required by chapter 600, Florida Statutes.  |                                                                                                               |                                                                                                                                                                        |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| SIGNATURE (Registered Agent Accepting Appointment) <i>Deborah Menotie</i> DATE <i>12/13/05</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                               |                                                                                                                                                                        |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <b>A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b>                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                               |                                                                                                                                                                        |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 10a. Name(s) of General Partner(s)<br>Choice Restaurant Management Corp.                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Address of Each General Partner (Do NOT Use P.O. Box Office Use Numbers)<br>c/o 222 Lakeview Ave., Suite 1330 | City, State and Zip Code<br>West Palm Beach, FL 33401                                                                                                                  | 10b. Registration Document Number<br>P98000041519 | <i>04.05 da</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                               |                                                                                                                                                                        |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| 11. I am hereby certifying that the information reported with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 219.07(3)(a), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to prepare this report as required by chapter 600, Florida Statutes. |                                                                                                               |                                                                                                                                                                        |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| SIGNATURE <i>Deborah Menotie</i> DATE <i>12/14/2005</i><br>Deborah Menotie, Trustee Telephone Number <i>(561) 795-9840</i>                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                               |                                                                                                                                                                        |                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |

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