

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

001706 AT

DOCUMENT # **A98000001145**



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL -3 PM 1:37

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.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0834082**

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**IRWIN, DONNA CFO
8011-S-DIXIE-HIGHWAY
WEST PALM BEACH FL 33405**

Name **Broad and Casse**
Street Address (P.O. Box Number is Not Acceptable)
**Attn: Andrew J. Ratkin, Esq
One North Clematis Street Suite 500
City West Palm Beach FL Zip Code 33401**

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 *[Signature]* **Donna Irwin - CFO**

DATE **7/24/03**

9. Capital Contributions as Shown on record. **\$3,000,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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**
NAME **CHOICE RESTAURANT MANAGEMENT CORP.**
STREET ADDRESS **8011 S. DIXIE HWY.**
CITY-ST-ZIP **WEST PALM BEACH FL 33405**

STREET ADDRESS
CITY-ST-ZIP
**000018316010
07/03/03--01084--004 **376.25**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP
**000018316010
05/07/03--01006--006 **150.00**

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date **7/24/03** Daytime Phone # **561-586-4002**

CR2E003 (10/02)

STAPLE CHECK HERE