

2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A98000001145**

1. Entity Name
CHOICE RESTAURANT ACQUISITION LTD.



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

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		DUE BY MAY 1, 2003	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0834082	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$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 Cassel Street Address (P.O. Box Number is Not Acceptable) Attn: Andrew D. Ratkin, Esq One North Clematis Street Suite 500 City West Palm Beach FL 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 *Donna Irwin* *Donna Irwin - CFO* *7/24/03*
 Signature, typed or printed name of registered agent and title if applicable. DATE

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	STREET ADDRESS	
NAME	CHOICE RESTAURANT MANAGEMENT CORP.	CITY-ST-ZIP	
STREET ADDRESS	8011 S. DIXIE HWY.		
CITY-ST-ZIP	WEST PALM BEACH FL 33405		
DOCUMENT #		STREET ADDRESS	000018316010
NAME		CITY-ST-ZIP	07/03/03--01084--004 **376.25
STREET ADDRESS			
CITY-ST-ZIP			
DOCUMENT #		STREET ADDRESS	000018316010
NAME		CITY-ST-ZIP	05/07/03--01006--006 **150.00
STREET ADDRESS			
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DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	
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DOCUMENT #		STREET ADDRESS	
NAME		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* *7/24/03* *561-586-4002*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

001706 AT

CR2E003 (10/02)

STAPLE CHECK HERE