

FILE ON OR BEFORE APRIL 7, 1999 TO AVOID
REVOCATION AND \$500 PENALTY FEE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR -8 AM 10:36

LIMITED PARTNERSHIP ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	---

1. Name of Limited Partnership NO ANCHOVIES (STUART), LTD.		1a. DOCUMENT # A98000001454
Mailing Address C/O FRANK C. EUCALITTO, CAFE CHARDONNAY 4533 PGA BOULEVARD PALM BEACH GARDENS FL 33418		Principal Office Address C/O FRANK C. EUCALITTO, CAFE CHARDONNAY 4533 PGA BOULEVARD PALM BEACH GARDENS FL 33418
2. Mailing Address	2a. Principal Office Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Country

3. Date Formed or Registered 06/12/1998	5a. Capital Contributions as Shown on record \$240,000.00
3a. Date of Last Report	5b. Amount of Capital Contributions in FLORIDA to date
4. State or Country of Formation FL	
6. FEI Number 65-0848405	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
8. Make check payable to: Dept. of State (See reverse side for fee information) 526-25	

9. Name and Address of Current Registered Agent WHITE, CHARLES R. L 725 NORTH A1A, SUITE E-102 JUPITER FL 33477	10. If changed, new Registered Agent/Office Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code
---	--

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s) NO ANCHOVIES ITALIAN RESTAUR	11a. Address of Each General Partner (Do NOT Use Post Office Box Numbers) 4533 PGA BLVD	11b. City, State & Zip Code PALM BEACH GARDENS FL	11c. Registration/Document Number P97000054595
--	---	---	--

4000002814504-9
-03/22/99-01153-017
****526.25 ****526.25

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Frank C Eucalitto
Frank Eucalitto

DATE

2/8/99

Typed or Printed Name of General Partner Signing Form

Daytime Telephone Number

561-657-2662

CR2E003 (12/98)